



TIROA E & TE HAPE B TRUST

TERTIARY EDUCATION GRANTS 2025

CLOSING DATE: Friday 28th March 2025

SECTION A APPLICATION CRITERIA

1. Applicants must be an Owner or a descendent of an Owner.
2. If your application is approved your name and the amount you receive will be made available as part of Tiroa E & Te Hape B Trusts financial accountability.
3. Approval of your application will be at the sole discretion of the Trustees.

SECTION B APPLICATION GUIDELINES

Information must be verified by the tertiary provider from which the information was issued. Grants for part time tertiary students will be made on a pro rata basis.

The application must be signed by the owner who is applying or on behalf of the applicant. If you are applying on behalf of a niece, nephew, mokopuna or whangai, please supply as much whakapapa detail as possible for the applicant. If you are under 18 years of age this form must be counter signed by a parent or guardian.

Please direct any enquiries to Sharon Williams 07 878 8640 or sharon@tiroatehape.maori.nz

SECTION C IMPORTANT DATES

Applications **MUST** be received at the office of the Trusts no later than 4:30pm Friday 28th March 2025.

Applicants will be notified by Monday 7th April 2025 regarding the outcome of their application and payments will be made following this notification.

SECTION D RETURN ADDRESS FOR APPLICATIONS

Please return your application to:

Education Grants
Tiroa E Trust
PO Box 51
TE KUITI 3941

SECTION E GRANTS

Level	Value
Master or PhD	\$500
Postgraduate	\$500
Bachelors	\$500
Certificate or Diploma	\$300

SECTION 1 STUDENT DETAILS

Surname: _____

First Names: _____

Shareholder Number _____

Postal Address: _____

Telephone Number: _____

Mobile Number: _____

Email Address: _____

Relationship to Owner: Self Child Grandchild
 Other (iramutu, mokopuna, whangai – must whakapapa to the Shareholder)

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SECTION 2 FINANCIAL DETAILS (Please Attach Verified Deposit Slip)

Name of Account Holder: _____

Bank Account Number: - - -

SECTION 3 OWNERS DETAILS

Surname: _____

First Names: _____

Shareholder Number _____

Postal Address: _____

Telephone Number: _____

Mobile Number: _____

Email Address: _____





SECTION 4 STUDY DETAILS (Please Attach Enrolment Letter from your Tertiary Provider)

Tertiary Provider: _____

Name of Course: _____

Full Time or Part Time: _____

SECTION 5 DECLARATION

-  I certify that all information supplied in this application is true and correct and that my application may be cancelled (without right of review) if the information supplied is incomplete, inaccurate or not supplied by the due date.
-  I consent to my name and education details being made available to Tiroa E & Te Hape B Trusts for use in any publication of the Trusts.
-  I consent to the tertiary institution with which I am enrolled releasing any information required concerning my application form to Tiroa E & Te Hape B Trusts in accordance with the Privacy Act 1993 and the Education Act 1989.
-  I consent to Tiroa E & Te Hape B Trusts contacting any third party to verify that information provided in this application is true and correct in accordance with the Privacy Act 1993.

Signature of Applicant/Owner: _____

Signature of Student or Legal Guardian _____

Date: _____
