	Office use only		
Comments:		Date received	Application No:
Sh/holdor/ID#			
Sh/holder ID#			

	(NGATI MANAWA) 2013 SECONDARY GRANTS	
	(YEARS 12 & 13 / FORMS 6 & 7)	
	NAME OF APPLICANT (please print clearly in block letters)	
	CHECK LIST TO BE COMPLETED AND SIGNED BY APPLICANT	CHECKLIST
	se complete numbers 1-4. <u>Failure to complete your application correctly may</u> It in your application being declined	CHECKLIST Please tick ☑
1.	BANK ACCOUNT DETAILS I have attached a pre-printed deposit slip or bank verified account details	ATTACHED
2.	SCHOOL CONFIRMATION Question No. 4.iii has been completed by my Form Dean and the school stamp has been affixed.	COMPLETED
3.	ACADEMIC RECORDS I have attached copies of my most recent academic/exam results.	ATTACHED
4.	WHAKAPAPA Question 7 (Whakapapa) has been completed.	COMPLETED
dec	LICANT'S DECLARATION: clare that all information provided is true and accurate and I unders cation may be declined if I fail to complete and attach all requested inforn	•
Signe	date// (Applicant or guardian)	-

I	declare	that	all	information	provided	is	true	and	accurate	and	1	understand	that	тy
a	pplication	n ma	v be	declined if I	fail to cor	an	lete a	nd at	tach all re	auesi	e	d information	_	

Signed		date//
_	(Applicant or quardian)	

INSTRUCTIONS TO APPLICANTS

- 1. Print clearly throughout this form
- 2. Applicants must show they are descendants of Tangiharuru or Apa. Verification by a Kaumatua or Elder is necessary.
- 3. Ensure all supporting information is supplied. <u>Failure to provide requested information may result in your application being rejected as incomplete</u>.
- 4. If applying for a grant with more than one Trust/Incorporation, <u>each application</u> form must be completed in full with copies of supporting records attached to <u>each application</u>.
- 5. Do not send originals of your records copies only.
- 6. Complete the check list on page 1.
- 7. Return completed form and attachments to: The Secretary

Tangiharuru Apa Trust C/- Hulton Patchell Limited

PO Box 12003 ROTORUA

Ph: 343 1050 Fax 343 1051

CLOSING DATE: 4.30pm TUESDAY 30TH APRIL 2013

Late applications may not be considered

Note: For the benefit of all applicants, please endeavour to return your completed form and attachments as soon as possible to enable more efficient processing and finalisation of grants

* * * * * * * * *

Pursuant to the PRIVACY ACT 1993 the following is brought to your attention:

- (a) This application collects personal information about you.
- (b) The information is collected to evaluate your application for an Education Grant.
- (c) The intended recipients of the information are the trustees of Tangiharuru Apa Trust.
- (d) The information is being collected and held by Hulton Patchell Limited, P O Box 12003, Rotorua.
- (e) You have the right of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

APPLICATION FORM

PLEASE PRINT CLEARLY

	names:		Mr
	names:		
Date			
	of Birth	Age	
Post	al Address Address for all communications:		
(ii) <u> </u>	Phone Number	Mobile	
iii)	Email address:		

ii	i. <u>To be completed b</u>	oy your school	
	se confirm the applicant is eding the above school.	enrolled and	
Sign	ature of Form Dean		- School stamp
(S	Academic Record Secondary School only)	Years Attended (From/To)	Highest Academic Qualification and Year Achieved
			school report and most
acad Con Pleas	emic record and qualifica	ation. he Community: ent you have had in cult	ural or community activities o
Con Pleas	tributions to lwi and to describe what involvement ciations, and in particular and	ation. he Community: ent you have had in cult	ural or community activities o

7. Whakapapa

- Applicants must show they are descendants of Tangiharuru or Apa. Verification by a Kaumatua or Elder is necessary.
- o verification by the sub-committee will be made

