

OHITI WAITIO IE3A AHU WHENUA TRUST

TERTIARY GRANT APPLICATION 2024

For your application to be processed efficiently, please **print** all required information clearly. If there is not enough space provided for your answers, you may attach extra pages. **Please ensure that you have read the accompanying policy information.**

Section 1: Applicants Personal Information

Surname:

First names:

Postal Address:

.....

Phone: Email:

Birthdate:/...../..... IRD No

Please provide the contact details of person who we can contact to verify you.

Other Contact Name: Phone:

Postal Address:

Section 2: Applicants Bank Account Details

Bank: Bank Account Name:

Bank Account Number:/...../...../.....

Section 3: Registered Owner's Details and Whakapapa

Owner's Name: *(This must be the name on the Owners List)*
.....

If you, the Applicant are NOT a registered Owner then what is your relationship to the above Owner?
.....

Please provide whakapapa link to the owner.

Applicants Name	Your Mother	Grandmother	Great Grandmother
			Great Grandfather
		Grandfather	Great Grandmother
			Great Grandfather
	Your Father	Grandmother	Great Grandmother
			Great Grandfather
		Grandfather	Great Grandmother
			Great Grandfather

Owners Consent to this Application:

Registered Owner's Signature: Date

Address:

Phone: Email

Section 4: Current Study

Tertiary Institution attending:

Qualification sought:

Current Year of Full-Time Study: (Please circle one)

First Year:

Second Year:

Third Year:

Other:

Details if "Other"

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Section 5: Scholastic and Academic background, relevant work history

Please list the results of your study: Please provide a photocopy of your official results from the past year.

Year:	Institution:	Subject:	Grade:
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Relevant work history, including voluntary work: (If Applicable)

Year:	Organisation:	Duties/responsibilities:
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Declaration

- 1. I certify that all information supplied in this application form is true and correct. I know that if the information supplied is incomplete or inaccurate my application will be invalid and declined without right of review. Supplying any fraudulent or falsified documents etc. will lead to a Police prosecution.**
- 2. If I am successful I will forward a letter of acknowledgement to the Trustees within 2 weeks of being notified of the grant being approved.**

3. I acknowledge that if my application is found to be false or non-compliant that I will be required to repay any amounts advanced, and agree to pay the costs of the Trustees incurred in recovering any amount paid to me that I am not entitled to receive.
4. I acknowledge that the Trustees may seek to verify the information provided by me in support of my application. I permit the Trustees to make such enquiries to determine whether my application is valid. In making this application I specifically permit the Trustees to obtain that information. This authorisation is a waiver of any rights I might have under the Privacy Act 1993.

Signature of Applicant: **Date:**

Attachments:

- Letter of official course enrolment and expenses for this year (stamped by my institution of study and dated between 1 April 2024 – 20 June 2024).
- A photocopy of last year’s (or most recent) course results if applicable.
- A recent photo.
- Stamped, self-addressed envelope for receipt of application.

If you have any queries regarding your eligibility or changes to your contact, or bank details, please contact the office before the closing date of applications, 20 June 2024.

CONFIRMATION OF ENROLMENT

TERTIARY PROVIDER CERTIFICATE :

(Preferably on the Tertiary Institutions own Letterhead)

To be completed by the enrolment officer or similar from the Tertiary Provider.

Please date and use official institutional stamp to validate this certificate.

Thank you.

Date:

To the Ohiti 1E3A Ahu Whenua Trust Tertiary Grants Administrator,

1. This is to confirm that (Student's name)
2. Overall Programme of Study (ie Degree or other)
3. Is enrolled fulltime in the following 2024 Course(s).....
.....
.....
4. This is his/her 1st, 2nd, 3rd, other year of study to date, in a programme that requires a total of years to complete and to graduate.
5. The total course fees for this year are \$
6. We are a NZQA qualified tertiary institution (or the Australian equivalent) and the course (s) that this student is undertaking is an NZQA recognised tertiary course (or the Australian equivalent).

I understand that I may be contacted for further information to confirm the Students enrolment and eligibility for a Tertiary Grant.

Signed:

Enrolment Officer

Name: Position:

Institute: Phone No. Email :