

TERTIARY EDUCATION GRANT APPLICATION FORM

Details about the grant:

- The applicant must be an owner or descendant of an owner in Tangitu Whānau Trust.
- The applicant must be studying full time at a New Zealand tertiary institution.
- The application must be accompanied by proof of enrolment from your New Zealand tertiary institution for the current year.
- The applicant must provide previous academic results.
- The applicant must submit a covering letter and a CV providing additional information to assist in the selection process.
- The Selection Panel's decision is final and any late or incomplete applications will not be considered.
- All sections must be fully completed and returned to Tangitu Whānau Trust by email or post (details available above.)

Application checklist:

<input type="checkbox"/>	<i>Second year of study</i>
<input type="checkbox"/>	<i>Owner or descendant of owner</i>
<input type="checkbox"/>	<i>Studying full-time</i>
<input type="checkbox"/>	<i>Previous academic results</i>
<input type="checkbox"/>	<i>Covering letter</i>
<input type="checkbox"/>	<i>CV</i>
<input type="checkbox"/>	<i>Additional information that may assist</i>
<input type="checkbox"/>	<i>Signed off by shareholder</i>

Section A: Applicant details

Surname

First name

Date of birth

Postal address

Phone number

Alternative number

Email address

Applicant is an **owner** / **descendant of an owner** (circle one)

Bank account number:

Section B: Study details

Name of tertiary instate of study

Name of tertiary award you are study towards

State the year of study (i.e. 1st, 2nd, 3rd etc.)

Are you enrolled in full-time study?

Please list your papers you are studying for the year applicable to this grant

First Semester

Second Semester

What are your career goals (up to 300 words)

List and describe any other financial assistance you are receiving

Section C: Whakapapa

Fill in your whakapapa details to show clearly that you are a beneficiary of the Tangitu Whānau Trust. Only one branch (either mother's or fathers') is required. Verification will be made by the Selection Committee.

Please print full names.

Great, great-grand parent

Great-grand parent

Grand-parent

Parent (father or mother)

Section D: Declarations

I (applicant) declare that the information provided is true and correct.

Signed

Date

I (shareholder) declare that the applicant is a beneficiary of the Tangitu Whānau Trust.

Signed

Date

Please return application to:

Tangitu Whanau Trust

PO Box 16 197

Bethlehem Town Centre

Tauranga 3110

Or admin@tangituwhanautrust.nz