



2018 APPLICATION FOR TERTIARY EDUCATION GRANT

<u>STUDENT NAME:</u>	
<u>CLOSING DATE:</u>	<p>Friday, 18th May 2018 at 4.00pm Applications must be received by the above closing date.</p> <p>Forward all applications to:</p> <p>Putauaki Trust MIL House, Waterhouse Street Extension, Kawerau PO Box 99, Kawerau Telephone (07) 323 6400 Fax (07) 323 7411 Email: pet@putauakitrust.com</p>

OFFICE USE ONLY:

Date Received: _____ / _____ / _____

Applicants First Name: _____ Last Name _____

Enrolment Verified: Yes No

Payment of Fees Verified: Yes No

Whakapapa Verified: Yes No

Name of Current Shareholder Correct: Yes No

Bank Account Verified: Yes No

Current Shareholder Name: _____

Registration Completed: Yes No

Comment: _____

POLICY

1	EDUCATIONAL ASSISTANCE
	Trustees will consider applications for a grant from Persons who satisfy the following criteria: 1.1 You must be a current OWNER or BENEFICIARY of an Owner. 1.2 You are enrolled as a FULL TIME student. FULL TIME study is hereby specified as a course of study with a MINIMUM duration of ONE academic year, including at least TWO semesters. 1.3 You are enrolled as a FEE PAYING student at a recognized Tertiary Institution
2	AWARDING OF GRANTS
	In determining educational awards, Trustees will also consider the following circumstances: 2.1 The amount of total fees levied by the Tertiary Institution for the one year full-time course. 2.2 The Applicant's previous study record(s) and academic achievements, if any. 2.3 A brief written statement covering the following: a) Your career goals b) How your proposed study will support your career goals c) Your thoughts and ideas on how Putauaki Trust can develop further in the future
3	APPROVAL OF GRANTS
	3.1 All applications will be referred to the Grants Sub-Committee for final approval 3.2 Grants approved will be paid in two equal instalments as follows: a) Instalment 1 upon approval of grant b) Instalment 2 upon production of certified results from the Tertiary Institution for the current study period c) Second Instalment will be due for payment by the 31st March 2019
4	ADDITIONAL INFORMATION
	The tenure of the grant shall be for one year only 1. Closing date for applications will be 18 th May 2018 at 4.00pm 2. Incomplete and late applications will not be considered Forward all applications to: Putauaki Trust Physical Address: MIL House Waterhouse Street Extension Kawerau Postal Address: PO Box 99 Kawerau 3169 Email: pet@putauakitrust.com Fax No: (07) 3237411

1: STUDENT'S DETAILS

First Name: _____

Middle Name: _____

Surname: _____

Gender: Male Female

Date of Birth: / / _____

Age: _____

2: CONTACT DETAILS

Address: _____

Suburb/Town _____

City: _____

Post Code: _____

Phone (Day): () Cell phone No: ()

Email Address: _____

3: APPLICANT BANK ACCOUNT DETAILS

BANK ACCOUNT

BANK ACCOUNT NAME:
(Applicant Account)

BANK ACCOUNT NUMBER:

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Once you have completed the above details please get a Bank Verified Stamp or please attach a Pre Printed Bank Deposit Slip



Bank Verified Stamp

4: EDUCATION DETAILS

Tertiary Institution:: _____

Address: _____

Telephone: () _____ Fax Number: () _____

Email Address _____

5: COURSE DETAILS

Course of Study: _____

Course Duration: Start Date: _____ End Date: _____

Level of Qualification (Please tick relevant box)

Bachelor Degree	<input type="checkbox"/>	Certificate	<input type="checkbox"/>	Conjoint Degree	<input type="checkbox"/>
Diploma	<input type="checkbox"/>	Masters	<input type="checkbox"/>	PHD	<input type="checkbox"/>
Post Graduate Degree	<input type="checkbox"/>				

Year of Study 1 2 3 4 5 6

CHECKLIST	
Confirmation of Enrolment	
<input type="checkbox"/>	Please attach: <ul style="list-style-type: none"> Letter of acceptance, dated this year, from Institute stating study being undertaken and period of enrolment
Student Fees	
<input type="checkbox"/>	Please attach: <ul style="list-style-type: none"> A copy of the STUDENTS INVOICE, dated this year, verifying the fees charged relating to the students 2018 enrolment as confirmed above.

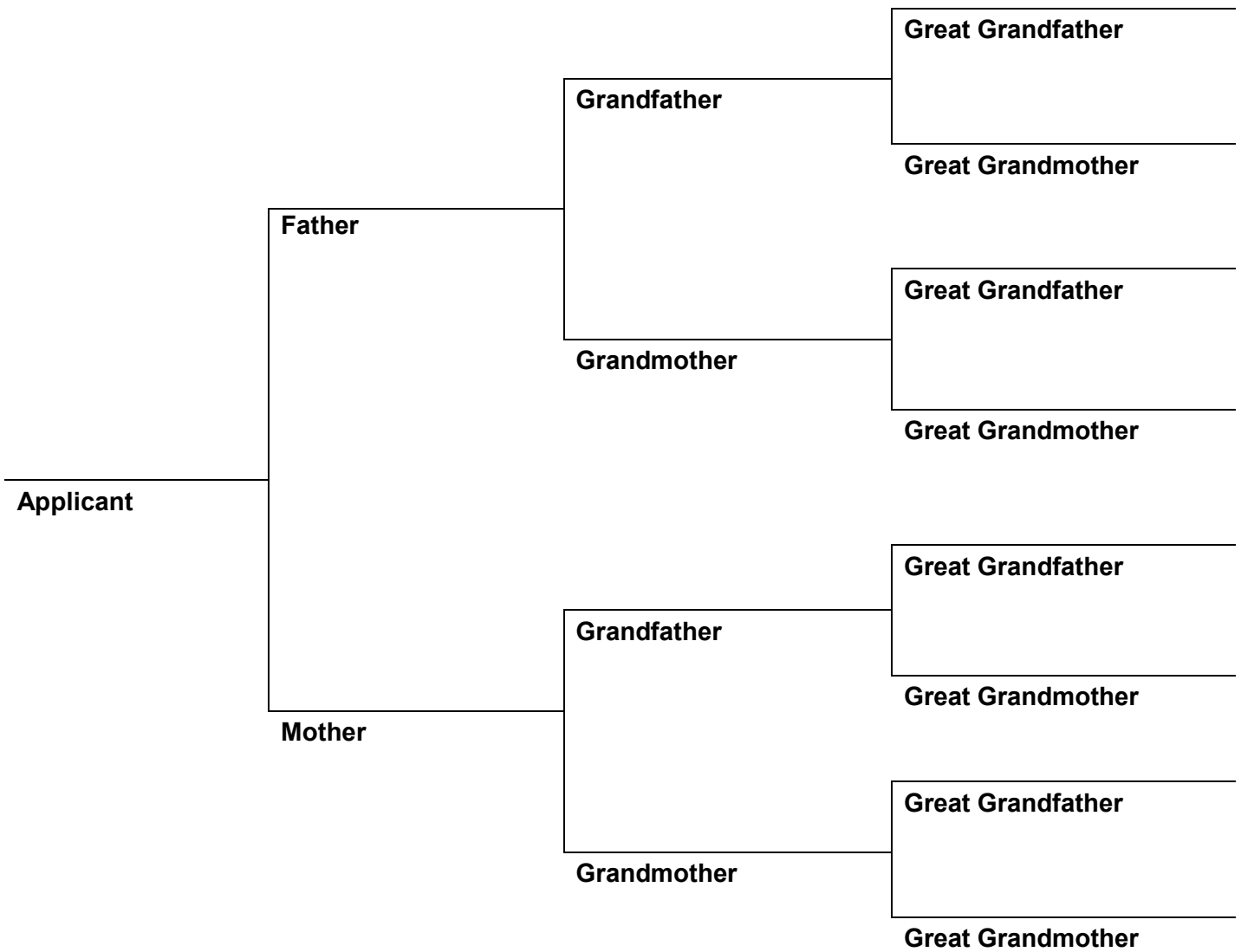
6: SHAREHOLDER/DESCENDANT VERIFICATION

- 6.1 You must be a Shareholder or a Descendant of a Shareholder
- 6.2 If you are a Beneficiary of a Whanau Trust, please show your whakapapa to the Tipuna of your Whanau Trust.
- 6.3 Please complete Whakapapa details below, showing **your connections to the Shareholder**

SHAREHOLDER NAME: (TRUST) _____
 (IF APPLICABLE)

TIPUNA OF WHANAU TRUST _____

SHAREHOLDER NAME: (INDIVIDUAL) _____
 (IF APPLICABLE)



SHAREHOLDER OR KAUMATUA VERIFICATION (FIRST YEAR APPLICANTS ONLY)

I Shareholder/Kaumtua do hereby confirm that the above Whakapapa details are true and correct.

Signed:

7: PERSONAL STATEMENTS

7.1 What are your future career goals:

7.2 How will your proposed study support your goals and objectives:

7.3 What are your thoughts and ideas on how Putauaki Trust can develop further in the future:

8: DECLARATION

I hereby certify that the information in this application form is correct, and that my application may be cancelled (without right of review) if the information supplied is incomplete, inaccurate or not supplied by due date.

I consent to any of this information being made available to Putauaki Trust for statistical purposes, and for my name to be published as an Education Grant Recipient within the Annual Report of Putauaki Trust

I consent to the Tertiary Institution with which I am enrolled releasing any information required concerning my application form to Putauaki Trust in accordance with the Privacy Act 1993 and the Education Act 1989.

I consent to Putauaki Trust contacting any Agencies to verify that information provided in this application is true and correct, in accordance with the Privacy Act 1993.

Signature	
Date	

CHECKLIST

Please remember to complete & attach the following documentation

1	Bank Account Verification
	Your bank account must be verified by the bank or a pre printed bank deposit slip must be attached
2	Confirmation of Enrolment
	<ul style="list-style-type: none">Letter of acceptance, dated this year, from Institute stating study being undertaken and period of enrolment.
3	Student Fees
	<ul style="list-style-type: none">A copy of your COURSE INVOICE, verifying the fees charged in relation to your 2018 course enrolment
5	Previous Academic Record
	Your most recent study record
6	Whakapapa Verification
	For first year applicants only, whakapapa verification must be signed by the Shareholder, or a Kaumatua who can confirm both your identity and Whakapapa to a current owner in Putauaki Trust (Lot 1-2 & Lot 3 DP 308053). If you are an owner, this section must still be signed as it will verify your identity.
7	Personal Statement
	You must complete your Personal Statements
8	Declaration
	Please ensure the Declaration is signed