



TE URI O HAU BENEFICIARY CHARITABLE TRUST INDIVIDUAL EDUCATION GRANT APPLICATION FORM

IMPORTANT INFORMATION – To ensure your application is processed please follow the guidelines below.
Applications from businesses will not be considered.

- 1 To apply for a grant, you must be of Te Uri o Hau descent, registered as a beneficiary with the Te Uri o Hau Settlement Trust and must reside in New Zealand. Please contact the office on (0800) 438 894 to register or check with the registry.
- 2 Only a completed and signed application form will be accepted. This can be sent in by way of email, post or by physically delivering the application to the TUOH office on Hunt Street. Our email and postal address are listed below.
- 3 You must provide confirmation of your enrolment and/or confirmation of the courses you are studying this year endorsed by the education institution you are enrolled in.
- 4 TUOH Charitable Trust does not accept any responsibility for lost or delayed applications caused by incorrect mailing instructions or delays in delivery.
- 5 You must advise TUOH Charitable Trust of any changes to your application i.e., *withdrawal from institute or course, change of course etc.* All changes must be advised in writing.
- 6 If you meet the education or sporting grant criteria, you can apply for as many TUOH Charitable Trust education or sporting grants as you wish, however you can only be awarded one if your application is successful.
- 7 Incomplete or late applications will **not** be considered.
- 8 Funds will only be paid into a **New Zealand bank account**.
- 9 Completed signed applications must be received at Te Uri o Hau Whangarei offices before the closing date deadline.
- 10 All applicants (successful and unsuccessful) will be notified in writing within two months after the closing date.

CLOSING DATE

APPLICATIONS CLOSE AT 5:00PM, FRIDAY 28, FEBRUARY 2025.

The close-off date and time are firm. Any applications received after this date and time will not be considered.

Postal Address: Freepost 236573
Te Uri o Hau Education Grant
TUOH Charitable Trust
PO Box 657
WHANGAREI 0140

Physical Address: Taitokerau Māori Trust Building
Level 2
3 Hunt Street
WHANGAREI 0110

Phone: (0800) 438 894

Email completed application to: educationgrants@uriohau.co.nz

Email for pātai: tpaniora@uriohau.co.nz

CHECKLIST

Please ensure you have provided all necessary details indicated below when submitting your application.

Incomplete applications will not be considered.

| | | |
|------------|---|--------------------------|
| Section 1 | Personal details completed | <input type="checkbox"/> |
| | Bank account details completed | <input type="checkbox"/> |
| | Copy of bank statement or encoded bank deposit slip attached | <input type="checkbox"/> |
| | Marae Affiliation details completed | <input type="checkbox"/> |
| | Application details completed | <input type="checkbox"/> |
| | Copy of confirmation of enrolment at institute / school / course attached | <input type="checkbox"/> |
| | Copy of invoice (or) receipt of costs attached | <input type="checkbox"/> |
| Section 2 | Personal statement completed | <input type="checkbox"/> |
| | Grant history completed | <input type="checkbox"/> |
| | Copy of qualification / certificate / learning record where a grant was issued previously, attached | <input type="checkbox"/> |
| Section 3 | Survey completed | <input type="checkbox"/> |
| | Declaration completed | <input type="checkbox"/> |
| Send it in | Return your application and supporting documentation before: 5.00pm Friday, 28 th February 2025 By Email educationgrants@uriohau.co.nz By Post: Freepost 236573 Education Fund Application TUOH Charitable Trust PO Box 657 Whangarei 0140 Deliver in Person: Tai Tokerau Māori Trust Building Te Uri o Hau Settlement Trust office Level <u>2</u> 3 Hunt Street Whangarei | |

SECTION 1

Individual Education Grant

Please print clearly. Please read this application form carefully and complete all sections. Incomplete applications will not be considered for a grant.

Personal Details

| | | | |
|-----------------------|------------------------|---------------------------------|-----|
| Surname | | Te Uri o Hau Hapu Member Number | |
| First Name | | | |
| Middle Name(s) | | | |
| Gender | circle one FEMALE MALE | Date of Birth | / / |
| Address | | | |
| Suburb / R.D No | | | |
| Town / City | | | |
| Primary Contact Ph No | | Alternative Phone No | |
| Email Address | | | |

Bank Account Details

| | | | | | | | | | | | | | | | | | | | |
|-------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Bank Account No | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | BANK | | BRANCH | | | | ACCOUNT No | | | | | | SUFFIX | | | | | | |
| Bank Account Name | | | | | | | | | | | | | | | | | | | |

NOTE: A NEW ZEALAND ENCODED BANK DEPOSIT SLIP VERIFYING YOUR BANK A/C NUMBER MUST BE INCLUDED WITH THIS APPLICATION

Marae Affiliation

| | | | | | | | |
|--|-----------|--------------------------|---|----------|--------------------------|---------------------|--------------------------|
| ANCESTRAL MARAE Please tick one box | Oruawhoro | <input type="checkbox"/> | WHANAU MARAE Please tick one box if applicable | Naumai | <input type="checkbox"/> | Parirau | <input type="checkbox"/> |
| | Otamatea | <input type="checkbox"/> | | Te Ponga | <input type="checkbox"/> | Te Kowhai | <input type="checkbox"/> |
| | Waihaua | <input type="checkbox"/> | | Waiatea | <input type="checkbox"/> | Rawhitiroa | <input type="checkbox"/> |
| | Waikaretu | <input type="checkbox"/> | | Ripia | <input type="checkbox"/> | Oturei | <input type="checkbox"/> |
| | | | | Waiohou | <input type="checkbox"/> | Ngataiwhakarongorua | <input type="checkbox"/> |

Application Details

| | | | | | |
|--|--|---|--|--|----------------------------|
| What is the name of the school / institution you are attending | Name of school / club / association | | | | |
| What study level are you enrolled this year Please tick one box | Primary <input type="checkbox"/> | Intermediate <input type="checkbox"/> | Secondary / College <input type="checkbox"/> | Tertiary <input type="checkbox"/> | Other (please state) |
| What course / programme are you studying this year Applies to Tertiary only | Note: confirmation of your enrolment on the course or institute must be included with this application | | | | |
| If you are at Tertiary / Apprentice student, what will you be this year | 1 st year student <input type="checkbox"/> | 2 nd year student <input type="checkbox"/> | 3+ year student <input type="checkbox"/> | Trade Certificate <input type="checkbox"/> | Other (please state) |
| Why do you require Financial Assistance? Please tick one box | Fees (if applicable) <input type="checkbox"/> | Accommodation <input type="checkbox"/> | Travel <input type="checkbox"/> | Other (please state) | |
| Note: evidence of costs must be submitted with this application | | | | | |

SECTION 3

Declaration

Te Uri o Hau aims to support and uplift its hapu members and believes that for this to occur a strong succession is the key. If you are interested in contributing to the enhancement of your hapu, would you like us to contact you if an opportunity became available?

Circle one YES NO

If you answered yes, please tick any of the following that you would be interested in participating in and/or receiving pānui on.

| | | | |
|--------------------|--------------------------|-------------------------------------|--------------------------|
| Administration | <input type="checkbox"/> | Kaitiakitanga / Resource Management | <input type="checkbox"/> |
| Management | <input type="checkbox"/> | Marae Development | <input type="checkbox"/> |
| Governance | <input type="checkbox"/> | Whanau Well-being Development | <input type="checkbox"/> |
| Agriculture | <input type="checkbox"/> | Health | <input type="checkbox"/> |
| Horticulture | <input type="checkbox"/> | Housing | <input type="checkbox"/> |
| Legal Counsel | <input type="checkbox"/> | Social Work | <input type="checkbox"/> |
| Accounting / Audit | <input type="checkbox"/> | Charitable Services | <input type="checkbox"/> |

Declaration

Please read each statement and tick the box next to it if the statement is true, sign and date the form. If you cannot truthfully make each statement, you should not apply.

- The information I / we have given in this application is true and correct.
- I am (or) we are of Te Uri o Hau descent.
- I/We have read and understood the information about each section of this application form.
- I/We understand that if I/we are successful to receive a grant and I/we do not complete the study or activity for which the grant was given that I/we will be required to repay all funds.
- I/We understand that if my/our application is incomplete or late that it will not be considered.
- I/We understand that signing this declaration is a requirement of this application and if not signed this application will not be considered.
- If I/we are successful in this application, I/we agree that my/our details can be used by the TUOH Charitable Trust and/or its shareholder Te Uri o Hau Settlement Trust to promote the scholarship/sporting grant programme.
- I/We will forward a letter confirming my/our achievements to TUOH Charitable Trust on completion.
- (if applicable) My parent/guardian will complete this declaration on my behalf as I am under the age of 18 years old.

Signature of Applicant (or) Parent/Legal Guardian

____ / ____ 20____

Print full name of Parent or Legal Guardian if signed on behalf of applicant