



TE URI O HAU
SETTLEMENT TRUST

GRANT APPLICATION FORM

administered by the
Te Uri o Hau Charitable Services Trust

Important
Notes

Grant applicants must:

1. be a registered beneficiary of the Te Uri o Hau Settlement Trust
2. provide evidence of previous year's study/exam results
3. provide confirmation of enrolment at educational institution
4. provide a pre-printed bank deposit slip

LATE OR INCOMPLETE APPLICATION FORMS WILL NOT BE CONSIDERED

1. FIRST NAME	
2. SURNAME	
3. GRANT CATEGORY – (refer to next pg)	
4. AMOUNT APPLYING FOR (\$)	
5. PART TIME OR FULL TIME	
6. NAME OF PROGRAMME OR COURSE OF STUDY	
7. YEAR OF STUDY (1ST, 2ND, 3RD ETC)	
8. NAME OF INSTITUTION YOU WILL BE STUDYING AT	
9. GENDER (M/F)	
10. POSTAL ADDRESS	
11. PHONE CONTACT (LANDLINE AND CELL)	

Grant Category

Please tick the appropriate box that reflects your grant request;

Secondary Schools – Kapa Haka

- Dargaville, Rodney, Otamatea and Ruawai (only these schools can apply)

Secondary Schools – Manu Korero

- Dargaville, Rodney, Otamatea and Ruawai (only these schools can apply)

Host School for Tai Tokerau Secondary School Kapa Haka Festival

- Dargaville, Rodney, Otamatea and Ruawai (only these schools can apply)
- Music/Dance/Drama

Education Grants

- Secondary Boarding School Fees
- Under Graduate University Studies
- Post Graduate University Studies
- Other Tertiary Institution Studies

Sport & Recreational Activity Grants

- Individual National Level (Regional Representation)
- Individual International Level (National Representation)
- Team/Club within Te Uri o Hau Rohe

If you are already a registered beneficiary of Te Uri o Hau please leave this section blank for endorsement by the Beneficiary Registrar of Te Uri o Hau Settlement Trust: If you are not a registered beneficiary of Te Uri o Hau or are unsure please contact Chelle Kidwell on **0800 438 894** during office hours or by e-mail, ckidwell@uriohau.co.nz . For more information write to the secretary at the address below or visit our website, www.uriohau.com

For Office use only:

Registered Beneficiary checked by: _____

Received Date: _____

Signature: _____

DECLARATION (to be completed by the applicant)

I hereby declare that the information contained in this application is true and correct to the best of my knowledge.

- *I agree that application details will be retained by the Te Uri o Hau Charitable Services Trust for future reference. All information provided will be kept strictly confidential and will not be disclosed by the Trust to any other party unless by agreement with the applicant.*
- *"I understand that my application will not be processed if all sections of my application have not been completed and all required information has not been attached."*
- *"I understand that my grant must be returned to the Te Uri o Hau Charitable Services Trust if not needed for the approved purpose."*
- *"I will provide a progress report to the Charitable Trust at the completion of my study for 2009. Failure to provide a report may jeopardise my future grant applications to the Charitable Trust."*

Signature:**Date:**

PLEASE NOTE

- Applications should be forwarded to reach the **Te Uri o Hau Charitable Services Trust Secretary, PO Box 657, Whangarei** no later than **5.00pm, February 27, 2009**.
- Applications received after this date **will not** be considered.
- Successful applicants will be notified by mail **April 1, 2009**.
- Education Grant payments will only be made upon receipt of confirmation of enrolment for the year **2009**.

If you need any help or have any questions regarding funding applications, phone Chelle Kidwell on 0800 438 894 during office hours or by e-mail, ckidwell@uriohau.co.nz . For more information write to the secretary at the above address or visit our website, www.uriohau.com