



TE URI O HAU BENEFICIARY CHARITABLE TRUST INDIVIDUAL & GROUP SPORT / CULTURE GRANT APPLICATION FORM

IMPORTANT INFORMATION – To ensure your application is processed please follow the guidelines below.
Please note that grants do not cover operational costs for business

- 1 To apply for a grant you must be of Te Uri o Hau descent and you must be registered as a beneficiary with the Te Uri o Hau Settlement Trust. Please contact the office on (0800) 438 894 to register or check with the registry.
- 2 Provide confirmation of the sport (or) group event you are participating in
- 3 TUOH Charitable Trust does not accept any responsibility for lost or delayed application packages caused by incorrect mailing instructions or delays in delivery.
- 4 You must advise TUOH Charitable Trust of any changes to your application i.e. *withdrawal from event, failed to participate etc.* All changes must be advised in writing (email, fax and post are acceptable)
- 5 If you meet scholarship criteria, you can apply for as many TUOH Charitable Trust scholarships as you wish, however you can only be awarded one
- 6 Incomplete or late applications will not be considered
- 7 Submit this application and supporting documentation on time. Completed applications must be received before the closing date deadline
- 8 All applicants (successful and unsuccessful) will be notified in writing within two months after the scholarship closing date

START HERE

Please tick one box.

I wish to apply for:

- An Individual Sporting & Recreational (or) Cultural Arts Grant** Start at **Section 1**
- A Group Sporting & Recreational (or) Cultural Arts Grant** Start at **Section 2**

CLOSING DATE

Applications close at 5:00pm Friday 27 April 2018

Postal Address: Freepost 236573
Educational Fund Applications
TUOH Charitable Trust
PO Box 657
WHANGAREI 0140

Physical Address: Tai Tokerau Maori Trust Building
Level 3
5 Hunt Street
WHANGAREI 0110

Phone: (0800) 438 894

Email: sperkinson@uriohau.co.nz

SECTION 1

Individual Sporting & Recreational (or) Cultural Arts 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		TUoH Member No	
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 Ph 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"/>
	BANK	BRANCH	ACCOUNT No	SUFFIX
Bank Account Name				

Note: An encoded bank deposit slip of bank verification of your bank a/c number is to be submitted with this application

Marae Affiliation

ANCESTRAL MARAE Please tick one box	Oruawharo	<input type="checkbox"/>	WHANAU MARAE Please tick one box if applicable	Naumai	<input type="checkbox"/>	Parirau	<input type="checkbox"/>
	Otamatea	<input type="checkbox"/>		Te Pouna	<input type="checkbox"/>	Te Kowhai	<input type="checkbox"/>
	Waihaua	<input type="checkbox"/>		Waiotea	<input type="checkbox"/>	Rawhitiroa	<input type="checkbox"/>
	Waikaretu	<input type="checkbox"/>		Ripia	<input type="checkbox"/>	Oturei	<input type="checkbox"/>
				Waiohou	<input type="checkbox"/>	Ngataiwhakarongoru	<input type="checkbox"/>

Application Details

What is the name of the school / club / association you are representing Name of school / club / association
What level are you entered or representing Please tick one box	Primary <input type="checkbox"/> Intermediate <input type="checkbox"/> Secondary / College <input type="checkbox"/> Adult <input type="checkbox"/> Iwi / Hapu <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/>
What is the name of the Sport / Competition / Event you are entered Note: confirmation of your entry / participation is to be submitted with this application
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 is to be submitted with this application
What do you plan to achieve by entering / competing? 50 words max	

Now continue to answer questions from SECTION 3 onward

SECTION 2

Group Sporting & Recreational (or) Cultural Arts Grant

Please print clearly. Please read this application form carefully and complete all sections.
Incomplete applications will not be considered for a grant.
Only registered hapu members can apply and he/she must be a participant of the group applying

Group Details

First Name			
Surname			
Hapu Member No		Date of Birth	
Address			
Your role within the Group			
Suburb / RD No			
Town / City			
Mobile Phone No		Alternative Phone No	
Email Address			

Bank Account Details

Bank Account No	<table border="1"><tr><td> </td><td> </td></tr><tr><td>BANK</td><td></td></tr></table>			BANK		<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>BRANCH</td><td></td><td></td><td></td></tr></table>					BRANCH				<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>ACCOUNT No</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									ACCOUNT No								<table border="1"><tr><td> </td><td> </td></tr><tr><td>SUFFIX</td><td></td></tr></table>			SUFFIX	
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SUFFIX																																				
Bank Account Name																																				

Note: An encoded bank deposit slip of bank verification of your bank a/c number is to be submitted with this application

Marae Affiliation

Ancestral Marae Please tick one box	Oruawharo	<input type="checkbox"/>	Whanau Marae Please tick one box	Naumai	<input type="checkbox"/>	Parirau	<input type="checkbox"/>
	Otamatea	<input type="checkbox"/>		Te Pouna	<input type="checkbox"/>	Te Kowhai	<input type="checkbox"/>
	Waihaua	<input type="checkbox"/>		Waiotea	<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 / club / association your group is representing Name of school / club / association			
What level is your group competing Please tick one box	Primary <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Secondary / College <input type="checkbox"/>	Adult <input type="checkbox"/>
	Iwi / Hapu <input type="checkbox"/>	Regional <input type="checkbox"/>	National <input type="checkbox"/>	International <input type="checkbox"/>
Name of Sport / Competition / Event Your Group is entered Note: confirmation of your entry / participation is to be submitted with this application			
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 is to be submitted with this application			
What does your group plan to achieve? 50 words max				

Now continue to answer questions from SECTION 3 onward

SECTION 3

Whakapapa

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

Great Grandfather	Great Grandfather	Great Grandfather	Great Grandfather
Great Grandmother	Great Grandmother	Great Grandmother	Great Grandmother
Grandfather	Grandmother	Grandfather	Grandmother
Father		Mother	
You			

Whakapapa Endorsement

Kaumatua / Kuia Name	
Postal Address	
Contact Phone No	
..... Kaumatua / Kuia Signature/...../20..... Date

SECTION 4

Personal Statement

Please describe in 100 words or less how this grant will benefit you (or) your group, your whanau and hapu Te Uri o Hau.
If necessary, continue onto another sheet of paper and attach to this application

Grant History

Have you or your group received a grant from Te Uri o Hau before?	circle one	YES	NO
If you answered yes, what year did you receive the grant and how much did you receive?	Year	\$	
What were you studying or competing in when you received the grant			
Did you complete the study/activity and if so what was the outcome or the qualification you achieved			
Note: Please provide evidence			

SECTION 5

Declaration

Te Uri o Hau aims to support and uplift its hapu members and believes that in order 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 and/or receiving panui 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"/>
Horiculture	<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 submit an application

- 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/Guardian

_____/_____/20____

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

CHECKLIST

Have you completed all sections and included all supporting documentation?

Section 1 Individual Applicants Only	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"/>
	Criteria details completed	<input type="checkbox"/>
	Copy of confirmation of entry / participation attached	<input type="checkbox"/>
	Copy of invoice (or) receipt of costs attached	<input type="checkbox"/>
Section 2 Group Application Only	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"/>
	Criteria details completed	<input type="checkbox"/>
	Copy of confirmation of entry / participation attached	<input type="checkbox"/>
	Copy of invoice (or) receipt of costs attached	<input type="checkbox"/>
Section 3	Whakapapa completed	<input type="checkbox"/>
	Whakapapa endorsement is signed and dated by Kaumatua or Kuia	<input type="checkbox"/>
Section 4	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 5	Survey completed	<input type="checkbox"/>
	Declaration completed	<input type="checkbox"/>
Send it in	<p>Return your application and supporting documentation before 5pm, Friday 27 April 2018:</p> <p>By Post: Freepost 236573 Education Fund Application TUOH Charitable Trust PO Box 657 Whangarei 0140</p> <p>Deliver in Person: Tai Tokerau Maori Trust Building Te Uri o Hau Settlement Trust office Level 3 5 Hunt Street Whangarei 0110</p>	