



TE URI O HAU BENEFICIARY CHARITABLE TRUST INDIVIDUAL & GROUP – SPORT / CULTURAL 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 a registered 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 Only hardcopy applications received in person or by post will be accepted. Electronic copies/transmissions of this application form will not be accepted.
- 3 Provide confirmation of the sport (or) group event you are participating in.
- 4 TUOH Charitable Trust does not accept any responsibility for lost or delayed application packages 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 the event, failed to participate etc.* All changes must be advised in writing (email, fax and post are acceptable)
- 6 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 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 Submit this application and supporting documentation on time. Completed applications must be received before the closing date deadline.
- 10 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 4:00pm Tuesday 1 March 2022.

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

Physical Address: Taitokerau Maori Trust Building
Level 2
5 Hunt Street
WHANGAREI 0110

Phone: (0800) 438 894

Email: ataylor@uriohau.co.nz

CHECKLIST

Have you completed all sections and included all supporting documentation?

Cover page Instruction & Criteria	Please read all information before proceeding with this application. <input type="checkbox"/>
Checklist	Please utilize this page to ensure you have completed and attached all supporting information. <input type="checkbox"/>
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"/> Criteria 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 4pm, Tuesday 1 March 2022: The close off date and time are firm and any applications received after the deadline will not be accepted. By Post: Freepost 236573 Education Fund Application TUOH Charitable Trust PO Box 657 Whangarei 0140 Deliver in Person: Tai Tokerau Maori Trust Building Te Uri o Hau Settlement Trust office Level <u>2</u> 5 Hunt Street Whangarei 0110

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 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"/>
	BANK	BRANCH	ACCOUNT No	SUFFIX
Bank Account Name				

Note: A New Zealand encoded bank deposit slip verifying your bank a/c number is to be submitted 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 / club / association you are representing Name of school / club / institution
What level are you entered or representing 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 is the name of the sport / competition / event you are entered in. 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	

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			
TUoH 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></table>			<table border="1"><tr><td></td><td></td><td></td><td></td></tr></table>					<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>									<table border="1"><tr><td></td><td></td></tr></table>		
	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	Oruawhoro	<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 in 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								

SECTION 3

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 did you receive the grant for?			
Did you complete the event/activity and if so, what was the outcome or the qualification you achieved? Note: Please provide evidence			

SECTION 4

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.

_____/_____/20____

Signature of Applicant (or) Parent/Legal Guardian

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