



## 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

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- 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 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 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 (email, fax and post are acceptable)
- 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 Submit this application and supporting documentation on time. 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 education and sports grants closing date
- 11 There is a \$1000.00 limit per application for all group sport and cultural grants approved from TUOH Charitable Trust.
- 12 For all group sport and cultural grant applications will be referred to the Board of Trustees every 6 weeks for approval on the amount to be awarded to the applicant. This will cause slight delays so TUOH Charitable Trust recommend putting your application in 1 month prior to when the putea is required.

### CLOSING DATE

**Applications close at 4:00pm Wednesday 1<sup>st</sup> March 2023.**

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

**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

**Phone:** (0800) 438 894

**Email completed application to:** [educationgrants@uriohau.co.nz](mailto:educationgrants@uriohau.co.nz)

**Email for patai:** [twirihana@uriohau.co.nz](mailto:twirihana@uriohau.co.nz)

# 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**

## 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"/><br>BANK | <input type="text"/><br>BRANCH | <input type="text"/><br>ACCOUNT No | <input type="text"/><br>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<br>Please tick one box | Oruawhoro <input type="checkbox"/><br>Otamatea <input type="checkbox"/><br>Waihaua <input type="checkbox"/><br>Waikaretu <input type="checkbox"/> | WHANAU MARAE<br>Please tick one box if applicable | Naumai <input type="checkbox"/><br>Te Pounga <input type="checkbox"/><br>Waiaotea <input type="checkbox"/><br>Ripia <input type="checkbox"/><br>Waiohou <input type="checkbox"/> | Parirau <input type="checkbox"/><br>Te Kowhai <input type="checkbox"/><br>Rawhitiroa <input type="checkbox"/><br>Oturei <input type="checkbox"/><br>Ngataiwhakarongorua <input type="checkbox"/> |
|--|---|---|--|--|

#### Application Details

|  |   |  |   |  |
|--|---|--|---|--|
| What is the name of the school / club / association you are representing | .....<br><b>Name of school / club / association</b>                     |  |   |  |
| What level are you entered or representing<br>Please tick one box        | Primary <input type="checkbox"/><br>Iwi / Hapu <input type="checkbox"/> | Intermediate <input type="checkbox"/><br>Regional <input type="checkbox"/> | Secondary / College <input type="checkbox"/><br>National <input type="checkbox"/> | Adult <input type="checkbox"/><br>International <input type="checkbox"/> |

|  |   |
|--|---|
| What is the name of the Sport / Competition / Event you are entered  | .....<br><b>Note: confirmation of your entry / participation is to be submitted with this application</b>   |
| Why do you require Financial Assistance?<br>Please tick one box      | Fees (if applicable) <input type="checkbox"/> Accommodation <input type="checkbox"/> Travel <input type="checkbox"/><br>Other (please state) .....<br><b>Note: evidence of costs is to be submitted with this application</b> |
| What do you plan to achieve by entering / competing?<br>50 words max |   |

**Now continue to answer questions from SECTION 2 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                    |  |                      |  |
| 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   | <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<br>Please tick one box | Oruawharo | <input type="checkbox"/> | Whanau Marae<br>Please tick one box | Naumai    | <input type="checkbox"/> | Parirau             | <input type="checkbox"/> |
|  | Otamatea  | <input type="checkbox"/> |                                     | Te Pounga | <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 | .....<br><b>Name of school / club / association</b> |
|--|---|

|   |  |
|---|--|
| What level is your group competing<br>Please tick one box       | Primary <input type="checkbox"/> Intermediate <input type="checkbox"/> Secondary / College <input type="checkbox"/> Adult <input type="checkbox"/><br>Iwi / Hapu <input type="checkbox"/> Regional <input type="checkbox"/> National <input type="checkbox"/> International <input type="checkbox"/> |
| Name of Sport / Competition / Event<br>Your Group is entered    | .....<br><b>Note: confirmation of your entry / participation is to be submitted with this application</b>  |
| Why do you require Financial Assistance?<br>Please tick one box | Fees (if applicable) <input type="checkbox"/> Accommodation <input type="checkbox"/> Travel <input type="checkbox"/><br>Other (please state) .....<br><b>Note: evidence of costs is to be submitted with this application</b>  |
| What does your group plan to achieve?<br>50 words max           |  |

**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

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**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?<br><b>Note: Please provide evidence</b> |                         |

## SECTION 3

### 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"/> |
| 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 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

# CHECKLIST

Have you completed all sections and included all supporting documentation?

|   |  |
|---|--|
| Section 1<br>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<br>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                               | Survey completed <input type="checkbox"/>  |
|   | Declaration completed <input type="checkbox"/>   |
| Send it in                              | <p>Return your application and supporting documentation before:</p> <p style="text-align: center;"><b><u>4.00pm WEDNESDAY 1<sup>st</sup> MARCH 2023</u></b></p> <p style="text-align: center;"><b>The close off date and time are firm, and any applications received after this date and time will not be considered</b></p> <p><b>By Email</b>                    <a href="mailto:educationgrants@uriohau.co.nz">educationgrants@uriohau.co.nz</a></p> <p><b>By Post:</b>                    Freepost 236573<br/>Education Fund Application<br/>TUOH Charitable Trust<br/>PO Box 657<br/>Whangarei 0140</p> <p><b>Deliver in Person:</b>    Tai Tokerau Maori Trust Building<br/>Te Uri o Hau Settlement Trust office<br/>Level <u>2</u><br/>5 Hunt Street<br/>Whangarei</p> |