

Office use only Comments: _____ _____ _____ _____ Sh/holder ID# _____	Date received _____	Application No: _____
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WHANGAMOIA TRUST

(formerly Rotoiti 1B Trust)

2024 SECONDARY GRANTS (YEARS 12 & 13 / FORMS 6 & 7 only)

NAME OF APPLICANT (please print clearly in block letters)

CHECK LIST TO BE COMPLETED AND SIGNED BY APPLICANT		
<i>Please complete numbers 1-3. <u>Failure to complete your application correctly may result in your application being declined</u></i>		CHECKLIST Please tick <input checked="" type="checkbox"/>
1.	BANK ACCOUNT DETAILS I have attached a pre-printed deposit slip or bank verified account details	<input type="checkbox"/> ATTACHED
2.	SCHOOL CONFIRMATION Question No. 4.iii has been completed by my Form Dean and the school stamp has been affixed.	<input type="checkbox"/> COMPLETED
3.	WHAKAPAPA <u>Question 7 (Whakapapa)</u> has been completed and signed by the shareholder (or trustee of Whanau Trust)	<input type="checkbox"/> COMPLETED

APPLICANT'S DECLARATION:

I declare that all information provided is true and accurate and I understand that my application may be declined if I fail to complete and attach all requested information.

Signed _____
 (Applicant or guardian)

date ____/____/____

INSTRUCTIONS TO APPLICANTS

1. Print clearly throughout this form
2. Ensure all supporting information is supplied. **Failure to provide requested information may result in your application being rejected as incomplete.**
3. If applying for a grant with more than one Trust/Incorporation, **each application form must be completed in full with copies of supporting records attached to each application.**
4. Do not send originals of your records – copies only.
5. Complete the check list on page 1.
6. Return completed form and attachments to:
The Secretary
Whangamoia Trust
Deloitte
PO Box 12003
ROTORUA
Ph: 343 1050 Fax 343 1051

CLOSING DATE: Tuesday 30 April 2024 at 4.30pm

Late applications may not be considered- No correspondence will be entered into.

Note: *For the benefit of all applicants, please endeavour to return your completed form and attachments as soon as possible to enable more efficient processing and finalisation of grants*

* * * * *

Pursuant to the PRIVACY ACT 2020 the following is brought to your attention:

- (a) This application collects personal information about you.
- (b) The information is collected to evaluate your application for an Education Grant.
- (c) The intended recipients of the information are the trustees of Whangamoia Trust
- (d) The information is being collected and held by Deloitte P O Box 12003, Rotorua.
- (e) You have the right of access to, and correction of, this information subject to the provisions of the Privacy Act 2020.

APPLICATION FORM

PLEASE PRINT CLEARLY

1. Name

Last name:

	<i>Mr</i>	<i>Miss</i>
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First names:

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Date of Birth

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Age

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2. Postal Address

(i) Address for all communications:

(ii) Phone Number

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Mobile

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(iii) Email address: _____

3. Bank Account Details

Attach a signed pre-printed or Bank verified deposit slip
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Note: A grant may not be paid if deposit slip is not attached

4. i. Which Secondary school are you enrolled at for 2024?

ii. What form/year are you in? (*Form 6 & 7/Year 12 & 13 only*)

iii. **To be completed by your school**

Please confirm the applicant is enrolled and attending the above school.

School stamp

Signature of Form Dean

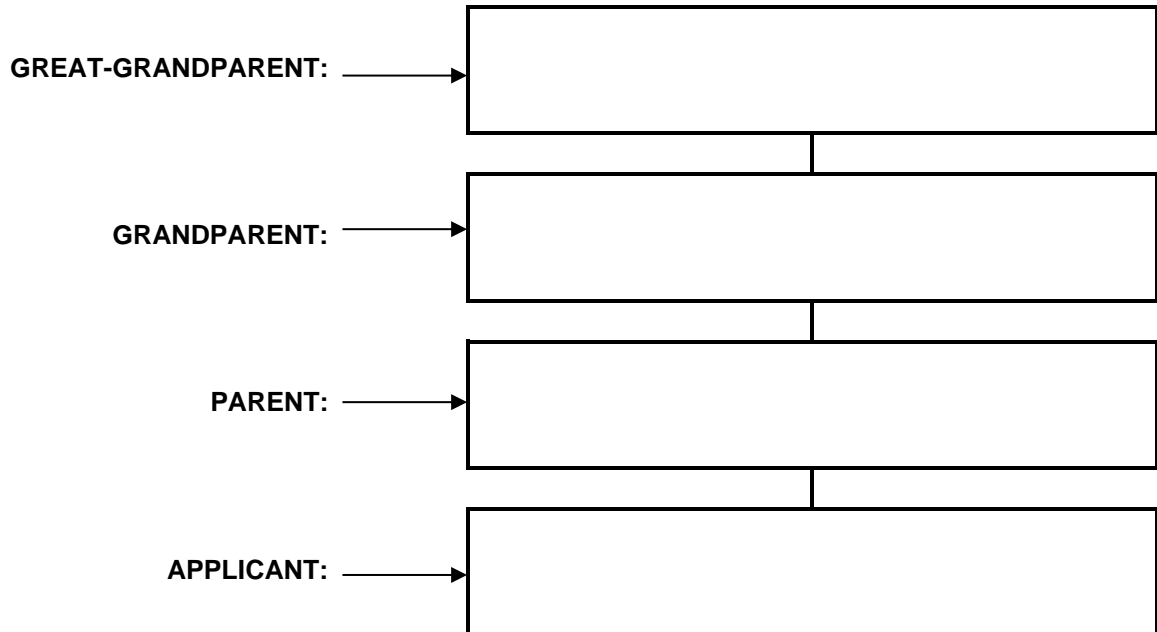
Date

5. Provide details of your interests and achievements in non scholastic areas, e.g., sports, community service organisations, cultural and musical pursuits.

6. Please add any further comments which may assist the Trustees in their consideration of this application.

7. Whakapapa

- Please show clearly that you (the applicant) are a descendant of a current shareholder of Whangamoā Trust
- verification by the sub-committee will be made
- Information relating to your whakapapa can be obtained at the Maori Land Court



<p>State the name of the current shareholder in the Share Register you (the applicant) are descended from:</p> <p>_____ (print)</p>	
<p>Shareholder ID# (if known) _____</p>	<p>Relationship to applicant _____</p>
<p>If shareholder is a Whanau Trust – name of Trust:</p> <p>_____ (print)</p>	
<p>Shareholder ID# (if known) _____</p>	
<p>Name of Trustee: _____ (print)</p>	

- I declare the above shareholder information is correct:

Signature of Shareholder / Trustee _____