nents:	Office use only  Date received	Application
	- Date received	Approaction
lder ID	D#	
	WHANGAMOA TRUST	
	(formerly Rotoiti 1B Trust)	
	2024 SECONDARY GRANTS (YEARS 12 & 13 / FORMS 6 & 7 only)	
Γ		
	NAME OF APPLICANT (please print clearly in block letters)	
	NAME OF APPLICANT (please print clearly in block letters)	
	NAME OF APPLICANT (please print clearly in block letters)  CHECK LIST  TO BE COMPLETED AND SIGNED BY APPLICANT	
	CHECK LIST	CHECKLIST Please tick ☑
	CHECK LIST  TO BE COMPLETED AND SIGNED BY APPLICANT  ase complete numbers 1-3. Failure to complete your application correctly may	Please tick
resu	CHECK LIST  TO BE COMPLETED AND SIGNED BY APPLICANT  as a complete numbers 1-3. Failure to complete your application correctly may all tin your application being declined  BANK ACCOUNT DETAILS	Please tick ☑

### **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		date//	
	(Applicant or guardian)		

### **INSTRUCTIONS TO APPLICANTS**

- 1. Print clearly throughout this form
- 2. Ensure all supporting information is supplied. <u>Failure to provide requested</u> <u>information may result in your application being rejected as incomplete</u>.
- 3. If applying for a grant with more than one Trust/Incorporation, <u>each application</u> 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

**Whangamoa Trust** 

Deloitte

PO Box 12003 ROTORUA

Ph: 343 1050 Fax 343 1051

## CLOSING DATE: 30 April 2025 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 Whangamoa 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**

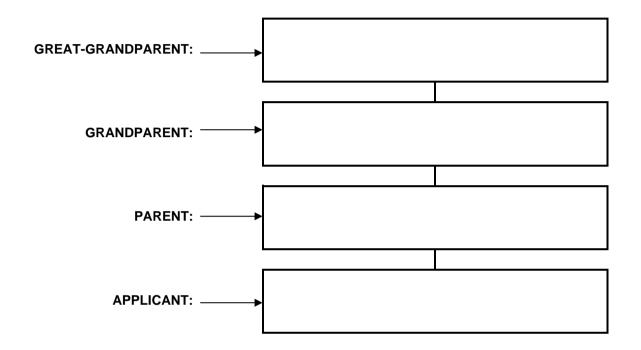
PLEASE PRINT CLEARLY

					Mr
First names	): :				
Date of Birt	h	Aç	je	]	
Postal Ad	ldress				
(i) Addre	ess for all communica	tions:			
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	ess for all communica	tions:	Mobile	)	
(ii) Phon		tions:	Mobile	)	
(ii) Phon	e Number	tions:	Mobile	9	
(ii) Phon	e Number address:	tions:	Mobile	)	

4.	i.	Which Secondary scho	ool are you enrolled at for 2	025?
	ii.	What form/year are yo	ou in? (Form 6 & 7/Year 12 & 13 c	only)
	iii.	To be completed l	by your school	
		confirm the applicant is on the above school.	enrolled and	
	Signatu	ıre of Form Dean	 Date	School stamp
5.			s and achievements in non organisations, cultural and	
6.	Please a	-	nts which may assist the Tr	rustees in their consideration of

# 7. Whakapapa

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



er in the Share Register	
	(print)
Relationship to applicant	
•	
	(print)
	(print)
,	·

■ I declare the above shareholder information is correct:

<u>Signature</u> of Shareholder / Trustee