Tertiary Education Grant

APPLICATION FORM



Member ID

PLEASE NOTE: You must be registered with the Te Mana o Ngāti Rangitihi Trust to apply for this grant, Please contact the office for further details on +64 7 322 2452.

Please Read

- 1. Tertiary education grants support students enrolled in tertiary study.
- Applications for tertiary education grants are for the previous calendar year of study only.
- Tertiary education grants are available to registered members who reside in New Zealand and who are studying an NZQA approved course at the following tertiary institutes:
 - University or Whare Wānanga
 - Polytechnic, Technical Institute or Community College
 - · Apprenticeship or industry training programme
- 5. Applicants must provide results of achievement.
- Grants will depend on academic record. Applicants must pass a minimum of 50% of their courses to be eligible for a grant.
- The values of each grant will be determined by a number of factors, including the funding available, the purpose of the application and the benchmarks in place for the Tertiary Education category.

- 8. Priority may be given to new applications to assist the Charitable Trust in distributing funding widely.
- 9. In the event that the fund is oversubscribed, monies will be allocated according to priorities determined by the Charitable Trust.
- The Charitable Trust has the sole discretion to accept or decline an application. Its decision is final and no correspondence will be entered into.
- 11. Incomplete applications will not be considered and will be returned to the postal address stated on the application.

BENCHMARKS

Short courses/diplomas <\$300 Undergraduate <\$500 Postgraduate certificates and diplomas <\$700 Postgraduate <\$1,000.

PLEASE COMPLETE ALL FIELDS

Personal Details

Applicant's Full Name		
Date of Birth	Phone Number	
Postal Address		
Email		Receive notifications by email (CIRCLE ONE): Y / N

Education Details

Name of Tertiary Institution *					
Address					
Phone Number					
Course Name					
Start & Finish Date **		Type of Study (CIRCLE ONE): Full Time / Part Time			
Type of Qualification (CIRCLE ONE): Short courses or diplomas / undergraduate / postgraduate certificates and diplomas / postgraduate					
Year of study that you are applying for (CIRCLE ONE): Y1 / Y2 / Y3 / Y4 / Y5+					
Have you received a grant from us previously? (CIRCLE ONE): Yes / No					

Please turn over

^{*} If you receive a grant and are a student at Victoria University, Victoria University will match the grant provided. Te Mana o Ngāti Rangitihi Trust will advise Victoria University and the University will pay you directly.

^{**} Grants are only provided after the successful completion of an academic year.

Bank Account Details									
Name of Bank		Name of Accour	nt						
Bank Account Number									
							_		
PLEASE ATTACH A VERIFIED COPY O	F THE BAN	IK ACCOUNT							
Declaration									
I declare that the information given in this app conditions of the grant.	ication is true	and correct. If my	appli	cation i	s success	ful I will cor	nply with	all the t	erms and
I agree to provide a copy of my official academ I acknowledge that failure to do so may result i				Charita	ble Trust	to support	my appli	cation.	
I agree that Te Mana o Ngāti Rangitihi Trust and reports where they see fit.	l/or Charitable	e Trust may profile	and p	oublicise	e my app	ication on t	heir web	site, nev	vsletters and
I understand that my name may be published f	or publicity ar	nd promotion purp	oses.						
Pursuant to the Privacy Act 1993, I give consent contact information.	for my applic	ation to be shared	d with	Te Man	a o Ngāti	Rangitihi T	rust for t	he purpo	se of updating
Applicant's Full Name									
Signature of Applicant or Parent/Caregiver* (*if under 18 or disabled/impaired)					Date				
If signing on behalf, please state your relation	-	oplicant (CIRCLE C	NE)						
Parent / Grandparent / Other (If Other, please s	ресіту):								
Checklist									
Registration details (or application subn	nitted if not pr	eviously registere	d with	Te Man	a o Ngāti	Rangitihi Tı	rust).		
Application completed in full and declar	ation signed.								
ATTACH the following: Copy of acceptance into course and Bank account verification slip.	academic resu	ults for the year yo	u are	applyin	g for.				
PLEASE DO NOT SUBMIT THE APPLICAT NCOMPLETE APPLICATIONS WILL NOT			RE C	OMPLI	ETED AN	ID ALL IN	FORMA	TIONIS	SATTACHED
What happens next									
IF APPROVED: You will be notified in writing or IF DECLINED: You will be notified in writing or I		nies will be paid in	to the	nomina	ated bank	account by	direct c	redit.	

TE MANA O NGĂTI RANGITIHI TRUST IS NOT RESPONSIBLE FOR APPLICATIONS LOST IN THE POST.

Office Address: 35 Heale Street, Matatā

Postal Address: Te Mana o Ngāti Rangitihi Trust, 35 Heale Street, Matatā, RD4, Whakatāne, 3194 Freefone: 0800 AKATEA or 0800 252 832 Phone: 07 322 2452 Email: info@ngatirangitihi.iwi.nz