

GRANT APPLICATION

Return completed application to: Hineuru Charitable Trust, PO Box 406, Te Puke 3153.

If you have any questions regarding your application, email info@ngatihineuru.com or phone 027 429 2871.

Applications open Friday 1st July 2016 and close 5.00pm Sunday 31th July 2016.



Hineuru Charitable Trust

SECTION 1: PERSONAL INFORMATION

Hineuru Registration Number:		Postal Address:
First Names:		
Surname:		
Phone:		Country: Post Code:
Email:		Residential Address (if different):
Gender (circle one):	Male Female	
Date of Birth:		
Please attach a photo of the applicant to this application.		

SECTION 2: STUDY DETAILS

Please tick which level of schooling you are currently attending:	What is the name of the school you attend?
<input type="checkbox"/> PRIMARY	
<input type="checkbox"/> INTERMEDIATE	What year of school are you in?
<input type="checkbox"/> SECONDARY	

SECTION 3: BANK ACCOUNT DETAILS

Please attach a verified bank slip or bank statement for your bank account. Should you be successful, the grant will be paid into this account.

OFFICE USE ONLY

Date received:	_____	Proof of enrolment:	_____
By:	_____	Bank slip verification:	_____
Amount:	_____	Declaration signed:	_____
Status (approved/declined):	_____	Date complete:	_____
Comments:	_____	Date paid:	_____
_____	_____	Authorised by:	_____
_____	_____	Notified paid:	_____
_____	_____		_____

SECTION 4: PROOF OF ENROLMENT

Please ask your school office to complete the following:

Student's full name	
Name of school	
Institution address	
Certifier's declaration:	I, _____ (name) of _____ (institution)
Am certifying the applicants study details. _____ (signed) _____ (date) _____ (phone)	

SECTION 5: DECLARATION

Declaration

I consent to Hineuru Charitable Trust seeking further information from 3rd parties to assist in processing this application.

I certify that all information supplied in this application is true and correct.

I consent to this information being used by Hineuru Charitable Trust for statistical purposes.

I consent to making myself available for participation in, where practicable, work that relates to Hineuru.

I consent to information contained in this application, including my photo, being used for Hineuru Charitable Trust publications.

I understand that this application form maybe destroyed once the application process is complete.

I consent to receiving electronic messages in relation to this application from Hineuru Charitable Trust and associated entities.

Before signing and posting this application form, please take a moment to check the checklist below to ensure that all documents are included. Failure to include all relevant information may result in the processing of your application being delayed or declined.

Signing and dating this section confirms you have read and understand conditions above. If the applicant is 18 years of age or under, this application form must be signed by a parent or guardian of the applicant.

NB: All sections must be fully completed before the application can be processed.

Signature: _____ Date: _____

Name of Guardian: _____

Send your application to:

Hineuru Charitable Trust
PO Box 406
TE PUKE 3153

CHECKLIST

Section 1:	Hineuru Registration Number. Photo of applicant.	TICK	It is a requirement that you are a member of Hineuru. Registration on the Hineuru Register is sufficient proof. Photo may be used in Hineuru material relating to scholarships and grants.
Section 3:	Bank statement or validated bank slip.		Required so we have a valid bank account to credit scholarship to.
Section 4:	Proof of enrolment from your school.		Required to validate your study.
Section 5:	Sign declaration.		Required for consents, certification and your understanding.