

EDUCATION GRANT APPLICATION FORM

Return completed application to:

Hineuru Charitable Trust

PO Box 4626

MT MAUNGANUI SOUTH 3149.

If you have any questions regarding your application, email info@ngatihineuru.com or phone 07 572 5955.

Applications open Thursday 1st February 2019 and closes 4:00pm on Monday 18th March 2019.



HINEURU CHARITABLE TRUST EDUCATION GRANT APPLICATION FORM 2019

Application Instructions

Please read carefully. Applications that do not follow these instructions will not be accepted.

1. If submitting your application electronically, you must **submit one document/file**. Multiple files for individual applications will not be collated by the office. If your application is incomplete it will not be processed. If you have issues collating your electronic files, please send in by post with all documents pertaining to each application stapled together.
2. You **must** provide bank verification for each individual application. Do not submit one bank verification for all your tamariki. This should be submitted as part of each individual application in its own document/file.
3. The office **does not** send confirmation of receipt of your application. If you need to check, please phone the office.
4. The close date is final. If your application is late it will not be accepted.
5. Please check public holidays and ensure that you contact your education institution to obtain the required validation before they close for holidays etc.
6. If you require your Hineuru Registration Number, ensure that you contact the office early to obtain this. It may take a day or two to respond to your query.
7. The name on the application should be the **child/student** for whom the application is for, not the parent/caregiver.
8. Please ensure you **date and sign** the declaration or your application will not be accepted.

SECTION 1: CHILD/STUDENT'S PERSONAL INFORMATION

| | |
|--|-------------------------------------|
| Hineuru Registration Number: | Postal Address: |
| First Names: | |
| Surname: | |
| Phone: | |
| 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? |
| PRIMARY | |
| INTERMEDIATE | What year of school are you in? |
| 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) |
| Certify 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 4626
MT MAUNGANUI SOUTH 3149

CHECKLIST

| | | <u>TICK</u> | |
|-------------------|---|-------------|---|
| Section 1: | Hineuru Registration Number. Photo of applicant. | | 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 grants. |
| Section 3: | Bank statement or validated bank slip. | | Required so we have a valid bank account to credit grant 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. |

APPLICATIONS CLOSE 4:00PM MONDAY 18TH MARCH 2019.