



## 2019

# Te Kāhui o Taranaki Iwi

## Tertiary Education Grants Application

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### IMPORTANT - PLEASE READ BEFORE COMPLETING YOUR APPLICATION

- Tertiary Education Grants applications open on the 3rd December and close on the 28th February the following year
- Applicants are eligible to receive one grant in a financial year
- All applications are collated and assessed utilising the 'assessment criteria'
- At least one Parent | Guardian of the Applicant must be registered with Te Kāhui o Taranaki Iwi, and complete all Sections of this application form except Section 3
- Current Enrolment Validation in Section 3 must be completed by the New Zealand Tertiary Institution at which the applicant is enrolled in 2019
- All Sections of the application must be completed. Incomplete applications will be returned to you which may delay the process and result in the application not being accepted
- Provide only copies of documents requested. No part of your application will be returned

#### WHAT HAPPENS IF YOUR APPLICATION IS:

##### **Successful:**

You will be notified in writing within 2 weeks after the closing date. Monies will be paid into your designated New Zealand bank account by direct credit

##### **Unsuccessful:**

You will be notified in writing within 2 weeks after the closing date. If eligible, you may apply again the following year



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## SECTION 1 - APPLICATION DETAILS

### APPLICANT DETAILS:

FIRST NAME/S: \_\_\_\_\_ SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ *(please attach a copy of your birth certificate)*

GENDER: M / F *(please circle)*

Are you 'registered' with Te Kāhui o Taranaki Iwi? Y | N

*(if not, please complete the 'registration application form' attached and return it with this application)*

### PARENT | GUARDIAN:

FIRST NAME/S: \_\_\_\_\_ SURNAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

Are you 'registered' with Te Kāhui o Taranaki Iwi? Y | N

*(if not, please complete the 'registration application form' attached and return it with this application)*

If yes, please complete the following details for your Te Kāhui o Taranaki Iwi whakapapa only:

TARANAKI IWI REGISTRATION NUMBER (if known): \_\_\_\_\_

### POSTAL ADDRESS AND CONTACT DETAILS:

STREET | PO BOX: \_\_\_\_\_

SUBURB | TOWN: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

CITY: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_

MOBILE: \_\_\_\_\_



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## SECTION 2 - CURRENT TERTIARY INSTITUTION INFORMATION

NAME OF TERTIARY INSTITUTE: \_\_\_\_\_

YEAR OF STUDY (*please circle*):    1ST YEAR    2ND YEAR    3RD YEAR    4TH YEAR

TOTAL COST OF STUDY FEES FOR 2019: \$ \_\_\_\_\_  
*(please attach confirmation of study fees for 2019)*

## SECTION 2 - CURRENT ENROLMENT VALIDATION

**TO BE COMPLETED BY THE TERTIARY INSTITUTE (NEW ZEALAND) WHICH YOU ARE ENROLLED**

THIS IS TO CERTIFY THAT: \_\_\_\_\_ IS ENROLLED AS A  
*(full name of applicant)*

STUDENT AT: \_\_\_\_\_ FOR YEAR: \_\_\_\_\_  
*(name of Tertiary Institute)*

CERTIFIER'S SIGNATURE: \_\_\_\_\_

CERTIFIER'S NAME (PRINT): \_\_\_\_\_

CERTIFIER'S TITLE | POSITION: \_\_\_\_\_

DATED: \_\_\_\_\_



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**SECTION 3**

PLEASE EXPLAIN WHY YOU HAVE CHOSEN THIS STUDY | COURSE:

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HOW WILL YOUR STUDY | COURSE CONTRIBUTE TO TE KĀHUI O TARANAKI IWI?

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## SECTION 4 - DECLARATION

As the applicant, I consent to:

- The information provided in this application form, being made available to Te Kāhui o Taranaki Iwi Trust, for the purpose of grant administration, decision-making, and award disbursement.
- If successful, the publication of my name and details of the grant awarded, together with any optional personal information including photo images | video footage which I may provide for this purpose.

I understand and accept that Te Kāhui o Taranaki Iwi Trusts decision is final and binding.

I declare that the information contained in this application is true and correct.

I agree to the above conditions in respect to this grant application.

APPLICANT NAME: \_\_\_\_\_

APPLICANT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

**DESIGNATED (NEW ZEALAND) BANK ACCOUNT DETAILS:**

*(please attach a verified deposit slip or complete the bank account details below)*

BANK: \_\_\_\_\_

ACCOUNT NAME: \_\_\_\_\_

ACCOUNT NUMBER: \_\_\_\_\_

REFERENCE: \_\_\_\_\_




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## APPLICANT CHECKLIST

**BEFORE YOU RETURN THIS APPLICATION PLEASE CHECK EACH SECTION AND TICK THE CHECKLIST 'TICK BOXES' BELOW. INCOMPLETE APPLICATIONS WILL BE RETURNED (WHICH MAY SLOW THE PROCESS AND RESULT IN THE APPLICATION NOT BEING ACCEPTED).**

	<b>SECTION 1</b> - Applicant & Parent   Guardian details completed
	<b>SECTION 1</b> - Copy of the applicant's birth certificate
	<b>SECTION 1</b> - Te Kāhui o Taranaki Iwi 'Registration Application Form' (if applicable) for Parent and Applicant
	<b>SECTION 2</b> - Current Tertiary Institution Information
	<b>SECTION 2</b> - Current Enrolment validation - completed and signed by Tertiary Institute provider
	<b>SECTION 3</b> - Explanation of study   course - why, how?
	<b>SECTION 4</b> - Declaration signed and dated Bank verified deposit slip or bank receipt attached

**EMAIL OR POST THIS APPLICATION TO:**

Te Kāhui o Taranaki Iwi

PO Box 929

New Plymouth Mail Centre

Email: [admin@taranaki.iwi.nz](mailto:admin@taranaki.iwi.nz) or contact the office 06-7514285

**Te Kāhui o Taranaki Iwi  
REGISTRATION APPLICATION**

**Applicant Details**

Member Registration No: (Office use only) \_\_\_\_\_

Last Name: \_\_\_\_\_

First Names: \_\_\_\_\_ M / F

Address: \_\_\_\_\_

\_\_\_\_\_

Maiden Names: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email: \_\_\_\_\_

Phone (HM): \_\_\_\_\_ (WRK): \_\_\_\_\_

No. of Children: \_\_\_\_\_

Occupation: \_\_\_\_\_

Please complete this form and return to:

Te Kāhui o Taranaki Iwi  
PO Box 929  
Taranaki Mail Centre  
New Plymouth 4310  
Telephone: (06) 751 4285  
Email: [admin@taranaki.iwi.nz](mailto:admin@taranaki.iwi.nz)

**Whānau Registration Details**

Please list your children under the age of 18 years in the box below. All whānau over the age of 18 years must fill in a separate registration form.

First Name	Last Name	DOB	M/F	Relationship to Applicant	Membership Registration No: (Office use only)

*(Please continue on a separate sheet if required)*

**Your Primary Taranaki Iwi Hapū:** \_\_\_\_\_

**Your Primary Taranaki Iwi Marae:** \_\_\_\_\_

**Private Notice Option**

Tick the box if you wish to receive private notice relating to general meetings and postal ballot papers so that you may vote on elections, constitutional amendments, conversion or disposal of settlement quota. The notice will be sent to the address provided on this form.

**Declaration**  
I HEREBY DECLARE THAT THE INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Privacy**  
Taranaki Iwi Trust will in accordance with the provisions of the Privacy Act 1993, make available to you upon request the personal information it holds about you and will make any appropriate corrections to that information to ensure that the information held is accurate.

**FILLING OUT THIS FORM**

Please complete all sections of this registration form to the best of your knowledge.

A Membership Committee will validate all applications. Confirmation of your membership will be sent to you, with your Taranaki Member Registration Number.

Where an application for registration is declined, the applicant may dispute that decision.

**WHO CAN REGISTER?**

- Adult members of the iwi who are descendants of a Taranaki tupuna.
- Non-adult members of the iwi by their parent or their legal guardian.

**WHY REGISTER?**

- To be notified of important issues and decisions effecting you.
- To receive benefits that you may be entitled to e.g. education grants or scholarships.

Te Kahui o Taranaki Trust is the mandated representative body for Taranaki Iwi

**TARANAKI WHAKAPAPA**

