

# Charitable Company Limited

(A subsidiary of Tauhara North No 2 Trust)



## APPLICATION for EDUCATION GRANT

**Fill in panels where \* is displayed**

**Late applications will not be considered. Education Grants Apply within NZ Only.  
Applications will close on 31<sup>st</sup> of March each year. Tertiary part-time study commencing after the 31<sup>st</sup> of March will be considered.**

<p><b><u>Student</u></b></p> <p>First Name: _____ Surname: _____</p> <p>Sex: M / F      Date of Birth: ____ / ____ / _____      Age: ____      Secondary / Tertiary Year: _____</p> <p>Physical Address: _____ Home Address: _____</p> <p>_____</p> <p>Phone: _____ Phone: _____</p> <p>Fax: _____ Fax: _____</p> <p>Email: _____ Email: _____</p>	*																		
<p><b><u>Shareholder / Descendant Validation</u></b></p> <p>Student must be a shareholder or a descendant of a shareholder</p> <p>Name of shareholder: _____ Shareholder Number: _____</p> <p>If a descendant, please complete whakapapa below to connect to the shareholder.</p> <p><b>Please tick the appropriate box.</b> Are you connected to an Owner: <input type="checkbox"/>      Whanau Trust: <input type="checkbox"/>      Both: <input type="checkbox"/></p>	*																		
<p><b><u>Whakapapa</u></b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 30%;"></td> <td style="width: 30%; text-align: center;">_____</td> <td style="width: 30%; text-align: center;">G Father</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">Father</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">Student</td> <td></td> <td style="text-align: center;">G Mother</td> </tr> <tr> <td></td> <td style="text-align: center;">_____</td> <td style="text-align: center;">G Father</td> </tr> <tr> <td style="text-align: center;">Mother</td> <td></td> <td style="text-align: center;">_____</td> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">G Mother</td> </tr> </table>		_____	G Father	_____	Father	_____	Student		G Mother		_____	G Father	Mother		_____			G Mother	*
	_____	G Father																	
_____	Father	_____																	
Student		G Mother																	
	_____	G Father																	
Mother		_____																	
		G Mother																	
<p><b><u>School / Institute Name:</u></b> _____</p> <p>Address: _____</p> <p>Phone: _____ Fax: _____</p> <p>Email: _____</p> <p>Enrolments Officer _____ Direct Dial: _____</p>	*																		

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<b>Payment of Grant</b>		*
Amount Payable to: _____ NZ Bank Name: _____ Branch Name: _____ A/c Name: _____ A/c No: _____		
<b>Declaration</b> (Note: Student to complete this declaration if over 18 years of age. Otherwise, it must be completed by a parent or guardian). I hereby certify that the information in this application is true and correct to the best of my knowledge and belief and I agree to inclusion of main details in the Trusts Annual Report for accountability purposes. I further agree to attend an Annual General Meeting of the Trust, if called on to do so, to report progress on my studies, work or research.  Dated at _____ this _____ day of _____ 2011  Signature of Student _____ Parent or Guardian _____ (Please print full name) _____  <b>Note: The Trustees reserve the right to decline the application if not completed fully and the information requested is not supplied.</b>		*
<b>Office Use Only</b> Approved / Declined _____ Date _____ DC <u>Payment 1</u> _____ Amount NZL\$ _____ Date _____ DC <u>Payment 2</u> _____ Amount NZL\$ _____ Date _____		
Approved for Payment (1):	Authorised for Payment (1):	
<input type="checkbox"/> Bank Template <b>Share IT Details</b> <input type="checkbox"/> ID <input type="checkbox"/> IRD # <input type="checkbox"/> Bank Account <input type="checkbox"/> Address <input type="checkbox"/> Contact	<b>1 2</b> <input type="checkbox"/> <input type="checkbox"/> Course costs / duration / results <input type="checkbox"/> <input type="checkbox"/> Conf. letter from school/Institute <input type="checkbox"/> <input type="checkbox"/> Share IT Initiatives <input type="checkbox"/> <input type="checkbox"/> xls <input type="checkbox"/> <input type="checkbox"/> Online Banking Payment <input type="checkbox"/> <input type="checkbox"/> Copied to file <input type="checkbox"/> <input type="checkbox"/> Remittance sent <input type="checkbox"/> <input type="checkbox"/> Letter	
Approved for Payment (2):	Authorised for Payment (2):	