

## WHITI ORA O KAIPARA CHARITABLE TRUST WHĀNAU DEVELOPMENT GRANT APPLICATION

Whiti Ora o Kaipara Whānau Development Grant supports the Education & Training aspirations of Ngāti Whātua o Kaipara members who reside in Aotearoa.

This grant aligns with the strategic objectives as set out in the Ngāti Whātua o Kaipara Rautaki 2018-2050:

- Te Mana o Ngāti Whātua o Kaipara
- Kaitiakitanga
- Commercial Development
- Whānau Ora
- Whānau Development

\*To be eligible, you must be a registered iwi member schooling or studying at a Tertiary Institution in Aotearoa.

Are you a current trustee, director, or staff member of Ngā Maunga Whakahii o Kaipara or any of its entities?

☐ Yes ☐ No

Section One	Personal details
Section Two	Grant purpose
Section Three	Study details
Section Four	Payment details
Section Five	Declaration

## **Education Grant Timetable**

Round	Open date	Closing date	Notification
Round 1	1 April	31 May	30 June
Round 2	1 July	31 August	30 September
Round 3	1 October	30 November	31 December
Round 4	1 January	28 February	31 March

## **Tertiary Training Grant Timetable**

Round Open date		Closing date	Notification	
Round 1	1 May	31 July	31 August	
Round 2	1 December	28 February	31 March	

 Applications will only be considered for expenses incurred in the financial year beginning April 1st and ending March 31st.

1. Personal details	
Full Name:	Member Number:
Date of Birth (d-mm-yyyy):	Email Address:
Legal Guardian's Full Name: (if you are under 18 years)	Applicant's Phone Number:
Legal Guardian's Phone Number:	Postal Address:
Legal Guardian's Signature	
	Post Code:

**Note:** Your legal guardian does not have to be a registered member with Ngāti Whātua o Kaipara.

2. Grant Purpose						
*Grant Purpose (Invoices/Receipts will only be acce for the [5] categories listed below)	Supplier (e.g. Warehouse Sta	tionery, School)	Sum to allocate	Maximum Cap	^ Invoice/ Receipt(s) Attached ✓	
Early Childcare Education Fees (E	ECE)		\$			
School Uniform (Primary or Secon	dary)		\$	\$200 ~ Combined		
School Stationery (excl. Technol	ogy)		\$	- Cap		
Tertiary Fees (except Year 1) & Resources (excl. Technology			\$	\$500 + Combined		
Licensing			\$	Cap		
	Tota	al Amount Requested:				
6150—ECE Figrants for Tertiary fees (except Year 1 Note: All caps mentioned above only a  3. Study Details	,	•	l) cap of up to \$500 f	or each applican	t.	
What is the name of the Scho	ool or Tortiany Instituto a	ttondod2 F a AUTN	arthabara Kainara	Callaga ata		
What is the name of the Scho	oor or rectiary institute a	itended? E.g. AUTN	ortristiore, Kaipara	College etc		
Have you applied elsewhere for finar support for your tertiary study?	II yes,	e providers and the tota	ıl amount(s) you are	e requesting.		
This includes a Whiti Ora Scholarship A □ Yes □ No	pplication)	•	. , ,	\$		
4. Payment Details						
_	vou have attached? Paymon	at dataila muat ha atta	ahad whan auhmi	tting this anni	iaatian farm	
Please tick which payment details	mbursements, attach your ba			-		
☐ Tax Invoice or Receipt ☐ Bank Account Details	mbareemente, attaen year ba					
Dank Account Details						
5. Declaration						
By submitting this form, I (the	applicant) agree and dec	lare that all the info	rmation provide	d is true and	correct.	
I agree to Whiti Ora o Kaipara Charit tertiary provider sharing my informat			my application does r			
I agree to my information being used purposes	0 0	based on funding  I confirm that all o	available each year. locumentation require	d for this applica	tion is attached	
I understand that the terms of this Grant Programme can be amended at any time, with suitable notice provided		including tax invoices, receipts, and bank account details.  Privacy Statement				
I understand that I can only apply for financial year and that my annual (co is \$200 (Schooling) & \$500 (Tertiary	ombined) maximum entitlement	Whiti Ora o Kaipara Cl applications and admir Your information (exce Kaipara Charitable Tru	nister successful Grar ept for your bank acco ist who may use your	nt applicants. unt records) is he		
I accept that my application will be a given to first time applicants in any fi		research and statistica You have the right to a if you believe the inform	access your information		orrections	
Applicant's Signature:		, 22 22		(d-mm-yyyy):		
		<del></del>				

Please email your completed application with attachments to—grants@kaiparamoana.com