

Please sign the Declaration below:

- 1) I certify that all of the information supplied in this application is true and correct.
- 2) I agree that my child/ren's application will not be accepted if it is incomplete.
- 3) If the grant is approved, I agree to be contacted by Ngā Tama ki Te Waipounamu Trust and to provide information about my child/ren's education journey.

Signed: _____

Date: _____

Please either scan/email to your application to pouawhina@ngati-tama.iwi.nz or:

Post to:
PO Box 914
Nelson 7040

Deliver to:
Ngāti Tama ki Te Waipounamu Trust Office
74 Waimea Road, Nelson