

## Parent Details

Are you a registered member of Ngāti Tama ki Te Tauihu?    Yes                      No                      (tick circle one)

**If you answered no, you must register first before an education grant can be considered for your children.  
Please note that any incomplete application forms will not be accepted by the office.**

Your details:

Surname: \_\_\_\_\_ First Name/s: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Male                      Female                      (please tick one)

Postal address: \_\_\_\_\_

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

## Child / Children details

Name	Date of birth	Name of School / Centre	Pre-school	Primary Y1-6	Intermediate Y7-8	Secondary Y9-13	Other e.g. tertiary
			Please Tick				

## Bank Account Details:

Your Bank: \_\_\_\_\_ Your Bank Account Name: \_\_\_\_\_

Your Bank Account Number:

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Please send verification of your bank account number ie:

- bank statement
- screen shot from internet banking.

## I have included with this application:

Confirmation of enrolment for each child eg: School or Centre invoice for fees, letter from the School or Centre, receipts for school-related expenses e.g. stationery, uniform etc.  
All information that is required to consider this application complete.

## 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 Ngāti 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](mailto:pouawhina@ngati-tama.iwi.nz) or:

Post to:  
PO Box 914  
Nelson 7040