

## Applicant Details

Are you a registered member of Ngāti Tama ki Te Taihuhu?      Yes                      No \*                      Under 17 \*\*                      (tick one)

**\* If you are not a registered member you will need to register first, before a Sports or Cultural grant can be considered.**

**\*\* If 17 years or younger, a registered parent must also complete the Parent Details section.**

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

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

Street Number and Name: \_\_\_\_\_ Suburb/Town/City: \_\_\_\_\_

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

## Registered Parent Details (For applicants 17 years or younger)

**If you are not a registered member you will need to register first, before a Sports and Cultural grant can be considered.**

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

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

Street Number and Name: \_\_\_\_\_ Suburb/Town/City: \_\_\_\_\_

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

## 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.

# Sports or Cultural Information

This grant is for activities that enhance development in areas including te reo, mātauranga and toi māori, creative and performing arts, sports and physical development.

What is your reason for applying for a Sports and Cultural Grant?

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What amount are you seeking? \_\_\_\_\_

What will the grant be used for?

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Are there any referees we can contact regarding your application? (e.g. sports coach, kapahaka/theatre director, community leader etc). Please provide their contact name/phone/email below:

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## Please include with your application:

1. Information that confirms your participation in the cultural or sporting activity e.g. Letters from coaches or authorised persons for the activity or event
2. Other supporting information including invoices, receipts or quotes for activity-related expenses

## Please sign the Declaration below:

- 1) I certify that all of the information supplied in this application is correct.
- 2) If the applicant is 17 years or younger, the Registered Parent of the child must sign.
- 3) I agree that this application will not be accepted if it is incomplete.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Please either scan/email your application to [pouawhina@ngati-tama.iwi.nz](mailto:pouawhina@ngati-tama.iwi.nz) or:

Post to:  
PO Box 914  
Nelson 7040