

TERTIARY GRANT FORM

Eligibility Criteria									
Please read the following:									
 ☐ You (or your parent if you're under 18) need to be ☐ Study must be through a recognised provider wit ☐ Please provide proof of enrolment in course. ☐ Please provide a photo of yourself which Ngāti Tae ☐ After your first year of study, please provide you ☐ Tertiary grants will not be approved for non-fee pertiary grant recipients may be asked to present ☐ Ensure the form is completed — incomplete forms ☐ Applications must be received by the closing date 	thin Aotearoa o ama may use in r transcript with paying courses, t on your educa s are not accep	r abroad. communica n your applica attendance tion journey	ations. cation. at semin	ars or c					
Applicant Details									
Are you a registered member of Ngāti Tama ki Te Tauihu? Yes No * (please tick one)									
*If you are not registered but are over 18, please ensure you submit a registration form with this grant.									
urname: First Name/s:									
Date of Birth:	Mal		Female (please tick one)						
Street address:					(pieas	e tick one	e)		
Suburb/Town/City:									
Phone Number:	Em	ail:							
Bank Account Details:									
Your Bank:									
Your Bank Account Number:									

Please send verification of your bank account number ie:

- bank statement
- screen shot from internet banking.

Course Details					
Course Provider:					
Name of course:					
Duration: Start date: Finish date:					
What year of study are you in?					
*NB: grant amounts differ depending on what year of study you are in.					
☐ Part time ☐ Full time					
We would love to hear about your studies, whether there is a kaupapa Māori focus, and your career goals and aspirations:					
My application is complete:					
I have included the following:					
 □ Proof of enrolment in course. □ Photo of myself. □ My transcript (mandatory requirement after the first year of study). □ Any additional supporting information (ie invoices/receipts) in relation to tertiary study. □ Proof of bank account. 					
Please sign the Declaration below:					
 I certify that all of the information supplied in this application is correct. I agree that Ngāti Tama can use my photo for pānui/communications. If my grant is approved, I understand that I may be required to present at a Ngāti Tama Hui ā tau. I agree that my application will not be accepted if it is incomplete. 					
Signed:Date:					

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

Post to: PO Box 914 Nelson 7040