

**RANGATIRA POINT BLOCK
INCORPORATION**

EDUCATION GRANT 2023

Rangatira Point Block Incorporation
The Secretary
C/- PO Box 926
Taupo
Telephone (07) 376 0366
Email: rebecca@dpa.co.nz

APPLICATION FORM

Please print neatly throughout this form

PERSONAL INFORMATION

Title: _____ First name(s): _____ Surname: _____

Date of Birth: ____ / ____ / ____ Age: _____ Place of Birth: _____

Marital Status: _____ Female/Male: _____

Home Address: _____

Phone (Home): _____ Phone (Other): _____

E-Mail Address: _____ IRD Number: _____

Address While Attending Educational Institution (if different from above): _____

Phone (Home): _____ Phone (Other): _____

WHAKAPAPA: (If one parent is not a shareholder, DO NOT fill out that part)

FATHER

Full Name	
Father's name (applicant's grandparent)	
Mother's name (applicant's grandparent)	
Grandparents	

MOTHER

Full Name	
Father's name (applicant's grandparent)	
Mother's name (applicant's grandparent)	
Grandparents	

PROGRAMME DETAILS FOR 2023

Name and Address of Educational Institution

Student Status (tick)

Full Time	<input type="checkbox"/>
Part Time	<input type="checkbox"/>

Programme/Qualification Title/Secondary Year

Year of Study (circle)

Secondary - yr11 (5th form), yr12 (6th form),
yr13 (7th form) OR
Tertiary - yr1 yr2 yr3 yr4 yr5 yr6+

Please detail below the courses/papers/subjects to be studied this year:

Course Title	Course Title

State Duration of Course

ACADEMIC QUALIFICATIONS AND ACHIEVEMENT

Highest Academic Qualification

State your highest Academic Qualification: _____ Year: _____
(If none please enter NIL)

School/Educational Institution: _____

First Year Tertiary Applicant

Name of last secondary school attended: _____ Year: _____

Second Year or Advanced Applicants

Please attach to this page a certified copy of your most recent Academic Record for the current qualification. First year exam results slip is acceptable for second year students.

FINANCIAL INFORMATION

Course Costs/Fees

List all course related costs in the following table. Please continue on a separate sheet if necessary:

Course Costs:	Annual \$
Tuition Fees	
Other course related costs (specify)	
TOTAL COSTS	\$

Are you a shareholder? Yes/No

If Yes, what is your shareholder number: _____

If No, the Shareholder who is nominating the Applicant must complete the details below:

Full Name: _____	Shareholder No: _____
Address: _____	
Relationship to Applicant: _____	
Signature of Shareholder: _____	Date: ____ / ____ / ____

REFEREE

Please provide the name and telephone number of an independent referee whom the Committee of Management may contact to verify information supplied in this application:

Referees Name: _____

Telephone Number: _____ or _____

Relationship to Applicant: _____

DECLARATION

I declare that all information provided is true and accurate:

Signature of Applicant

Date

CHECKLIST

Please ensure that the following are completed and/or attached to your application form:

- Certified copies of School/Tertiary/Other Educational Institution Examination Results
- Invoice stating courses enrolled in and amount of fees
- Receipt for payment of fees, if applicable
- Confirmation of enrolment in your course (fees **receipt**/letter from the institution)
- Shareholder details above, are complete
- Referee details included
- Declaration is signed
- Personal Bank account details for TERTIARY GRANT.
- School Bank account details for SECONDARY GRANT.

Failure to complete or attach any required information in this application may result in this application being declined