

# **WAITETOKO POINT TRUST**

## **APPLICATION FOR EDUCATIONAL GRANT**

*The Education Grant Policy is that a grant for tertiary studies of up to \$350 per applicant and for secondary school studies a grant of up to \$250 per applicant will be paid. To be eligible, the applicant must be direct descendants (being children or mokopuna) of the shareholder or in the case of a Whanau Trust the parties who created the Trust. **ID NUMBER:***

1. Full Name of Student: \_\_\_\_\_
2. Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_
3. Address of Student: \_\_\_\_\_
4. Full Name of Father: \_\_\_\_\_
5. Full Name of Mother: \_\_\_\_\_
6. Address of Parents: \_\_\_\_\_  
(if different from Student)
7. Address where grant should be sent: \_\_\_\_\_
8. Beneficiary Supporting Application:  
Full Name: \_\_\_\_\_  
  
Relationship to Student: \_\_\_\_\_
9. What SCHOOL/UNIVERSITY/EDUCATIONAL ESTABLISHMENT is the student attending?  
\_\_\_\_\_
10. What CLASS LEVEL/COURSES OF STUDY will the Student use the grant for?  
\_\_\_\_\_
11. Student, please state **briefly** to what level you hope to eventually take your studies, and what you hope to do when you have completed your studies:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. I have completed items 1 to 11 above and declare that all answers are true and correct. If my application for a grant is successful, I authorise the Trustees to disclose my name and the amount paid together with the type of course I am undertaking to the shareholders and whanau of the Waitetoko Point Trust.

Signature of applicant making the application: \_\_\_\_\_  
(Parent/Guardian signature if applicant is under 18 years of age)  
Date: \_\_\_\_\_

APPLICATIONS OPEN 01<sup>ST</sup> FEBRUARY AND CLOSE ON 30<sup>TH</sup> APRIL

**APPLICATIONS RECEIVED AFTER THIS DATE WILL NOT BE CONSIDERED.**

EDUCATION GRANT PAYMENTS WILL BE PAID BY DIRECT CREDIT ONLY

**PLEASE ATTACH VERIFIED BANK ACCOUNT DETAILS:** THIS CAN BE IN THE FORM OF A VERIFIED DEPOSIT SLIP OR A VERIFIED PRINT OUT FROM YOUR BANK.

### **SEND TO:**

The Trustees  
Waitetoko Point Trust  
DPA Limited  
PO Box 926  
Taupo 3351  
Phone: 07-3760366  
Email: [rebecca@dpa.co.nz](mailto:rebecca@dpa.co.nz)

THE ATTACHED PROGRESS AND CONFIRMATION FORM **MUST BE COMPLETED,**

**SIGNED AND RETURNED** WITH THIS APPLICATION FORM THIS FORM MUST BE COMPLETED AND SIGNED BY THE STUDENT AT ITEM 12.

IF YOUR APPLICATION FOR A GRANT IS SUCCESSFUL, UPON YOUR NEXT EDUCATIONAL GRANT YOU ARE EXPECTED TO ATTACH ACADEMIC RESULTS/PROGRESS AND ANY SUBSEQUENT GRANTS WITHIN 3 YEARS OF YOUR LAST GRANT.

**PROGRESS AND CONFIRMATION FORM (To accompany Application for Educational Grant)**

**Name of Student:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**13.** Please give a **brief** educational history of the student including any notable sporting or cultural achievements.

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**14. FILL IN DETAILS OF SUBJECTS PASSED AND MARKS WHERE APPLICABLE**

**Sixth Form Certificate**

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**University Bursary**

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**University papers**

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**Other Qualifications**

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**15. CONFIRMATION OF ENROLMENT AND PROGRESS**

Name of School/University/Educational Establishment

\_\_\_\_\_  
Please confirm that the details of enrolment and courses of study shown on the application form are correct.  
Please also provide proof of enrolment.

I \_\_\_\_\_ of \_\_\_\_\_  
(Full Name) (Position) (Name of School, College, Polytech or University)

Confirm that \_\_\_\_\_ is enrolled for the \_\_\_\_\_  
(Full name of applicant) (Calendar Year)

In \_\_\_\_\_  
(Course details)

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

## WHAKAPAPA TO WAITETOKO POINT TRUST

To be completed only if the applicant does not hold shares in Waitetoko Point Trust but is a descendant/mokopuna of a Shareholder.

Name of the OWNER in Waitetoko Point Trust (that you whakapapa to)

.....  
(First name) (Last name)

I,..... hereby state:

.....  
(Applicant)

Complete only the parent's line that is applicable. (Father or Mother)

..... (Father) ..... (Mother)

..... (Grandfather) ..... (Grandmother) ..... (Grandfather) ..... (Grandmother)

..... (Great grandparents) ..... (Great grandparents)