

**RANGATIRA POINT BLOCK  
INCORPORATION**

**EDUCATION GRANT 2024**

Rangatira Point Block Incorporation  
The Secretary  
C/- PO Box 926  
Taupō  
Telephone (07) 376 0366  
Email: keely@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 2024

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 (5<sup>th</sup> form), yr12 (6<sup>th</sup> form),  
yr13 (7<sup>th</sup> 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:

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

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**