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:**

•	Full Name of Student:				
ı	Date of birth: Age:				
•	Address of Student:				
	Full Name of Father:				
	Full Name of Mother:				
	Address of Parents:(if different from Student)				
	Address where grant should be sent:				
	Beneficiary Supporting Application: Full Name:				
	Relationship to Student:				
	What SCHOOL/UNIVERSITY/EDUCATIONAL ESTABLISHMENT is the student attending?				
	What CLASS LEVEL/COURSES OF STUDY will the Student use the grant for?				
	Student, please state briefly to what level you hope to eventually take your studies, and what you hope to do whe you have completed your studies:				
	I have completed items 1 to 11 above and declare that all answers are true and correct. If my application for a gran 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: SEND TO:				

APPLICATIONS OPEN 01ST FEBRUARY AND CLOSE ON 30TH 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.

The Trustees
Waitetoko Point Trust
DPA Limited
PO Box 926
Taupo 3351

Phone: 07-3760366 Email: keely@dpa.co.nz

THE ATTACHED PROGRESS AND CONFIRMATION FORM MUST BE COMPLETED,

<u>SIGNED AND RETURNED</u> WITH THIS APPLICATION FORMTHIS 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.

am	e of Student:		Age:			
3. Please give a <u>brief</u> educational history of the student including any notable sporting or cultural achieve						
4.	FILL IN DETAILS OF SUBJECTS PASSED AND MARKS WHERE APPLICABLE					
	High School Qualifications		Diploma/Certificates			
	University Qualifications		Other Qualifications			
15.	CONFIRMATION OF ENROLMENT AND PROGRESS Name of School/University/Educational Establishment					
	Please confirm that the details of enrol Please also provide proof of enrolment		of study shown on the application form are correct.			
	I(Full Name)	(Position	of (Name of School, College, Polytech or University)			
	Confirm that(Full name of applicant)		is enrolled for the(Calendar Year)			

Date:

Signed:

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)		
J,			hereby state:	
 Complete only the pa	(Applica			
(Fathe	er)	(Mother)		
(Grandfather)	(Grandmother)	(Grandfather)	(Grandmother)	
(Great gr	andparents)	(Great gra	ndparents)	