

**NGATI TE WHITI
WHENUA TOPU TRUST**

**P O Box 681
New Plymouth 4340
Phone: 06 7512001
Email: ngatitewhiti@xtra.co.nz**

Purpose of Grant:

Ngati Te Whiti Whenua Topu Trust is committed to the future economic progress and social development of Ngati Te Whiti. One of the ways to achieve this is through educating and supporting Ngati Te Whiti members in achieving their potential goals. A Grant can be offered more than once depending on the evidence and reason as to why the Trust should support the Applicant.

The NTWWT Grant is within the range of five hundred dollars (\$500) and is granted at the Trust discretion.

An invoice or receipt with the Education Provider's name and address must accompany the application form.

The Applicant must be registered with Ngati Te Whiti Whenua Topu Trust.

A PERSONAL DETAILS - Who the Grant is for:

LAST NAME:

FIRST NAME:

ADDRESS:
.....

DATE OF BIRTH:..... GENDER: MALE/FEMALE

PHONE: EMAIL:

B ENDORSEMENT - This Application must be endorsed by:

1: PARENT / GUARDIAN / KAUMATUA

Name:

Address:

Signed: Date:

2: EDUCATION PROVIDER

Name:

Signed: Date:

C EDUCATION DETAILS - What is the Grant for:

Name of Education Provider:
Eg. School, Organisation, Waananga, Evidence of Participation must be provided.

NAME OF COURSE:.....

What stage are you at with your studies?

What career do you hope this will lead towards?

What qualification do you expect to gain?

Your reason for applying for the Grant?

D DECLARATION

I declare that the information in this application is true and correct to the best of my knowledge and belief.

Signed: _____ Date: _____

E USE OF INFORMATION

I authorise Ngati Te Whiti Whenua Topu Trust to use the above details for statistical, accountability, and promotional purposes in AGM Reports and Newsletters.

Signed: _____ Date: _____

F ACCOUNTABILITY

Once your grant has been spent, an Accountability Form will be sent to you to complete and return. Failure to do so may jeopardise future applications.