



PAENGAROA SOUTH 5 TRUST

Application for an EDUCATION GRANT

BENEFICIARY / APPLICANT DETAILS:		(Share Register ID No:_____)
Name of Beneficiary	Surname	First Name(s)
Name of Whānau Trust		
Address:		
		Postal Code:
Phone:	(Mobile)	(Home)
Email:		
Bank Account No:	(attach verified bank deposit form)	
Date of Birth:	(attach evidence of age)	
Gender	MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	IRD Number:
Applicants must include their IRD number as Māori Authority Tax credits may be attached to any grant approved.		
I DECLARE THAT THE ABOVE INFORMATION IS CORRECT:		
Signed by the Applicant:		Dated:

(If the recipient is a beneficiary of a Whānau Trust, please complete this section.)	TRUSTEE OF WHĀNAU TRUST TO COMPLETE AND SIGN:	
I, _____	(Full Name)	
being a Trustee of, _____	(Whānau Trust)	
confirm that, _____	(Beneficiary Name)	
of, _____	(Address)	
is a beneficiary of the above Whānau Trust and a direct descendant of the tupuna of that Trust and is entitled to An Education Grant from the Paengaroa South 5 Trust		
Signed by Trustee:		Dated:
Name of Trustee		
Address:		

IMPORTANT: Please turn over



PLEASE STATE YOUR WHAKAPAPA TO PAENGAROA SOUTH 5 TRUST

Hapū: _____ Marae: _____

Whakapapa:

Great Grandfather

Great Grandmother

Grandfather

Grandmother

Father

Mother

You (the applicant)

I DECLARE THAT THE ABOVE INFORMATION IS CORRECT:

Signed by Applicant:

Dated:

Education Grant Policy and Criteria:

1. Recipient of the Education Grant must be aged 18 years or over at the time of this application.
2. The amount of the Grant is a maximum of \$200 and is subject to the Trustees discretion.
3. Any Shareholder who meets the criteria will only be entitled to receive ONE Education Grant in any 12 month period.

IMPORTANT INFORMATION BELOW PLEASE READ

Checklist – Remember – you MUST complete *and/or* attach to this application:

- ☐ Shareholder Name.
- ☐ Inland Revenue Tax Number
- ☐ Copy of **Personal Photo ID** which includes your date of birth (e.g. drivers licence or passport).
- ☐ Recipient **Bank Account Deposit form** – verified/signed by bank.
- ☐ Evidence of Study and cost of fees paid.