

SPECIAL NEEDS GRANT



REGISTRATION ID NUMBER



Please Note: You must be registered with the Tūwharetoa Māori Trust Board to apply for this grant. Please contact the office for further details on +64 7 386 8832.

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PLEASE READ

1. Special needs education grants support whānau with disabilities who are studying at a registered learning establishment.
2. Special needs education grants are available to registered members who reside in New Zealand.
3. Applicants must provide:
 - an official letter confirming enrolment; and
 - a letter from a doctor or teacher confirming the type of disability.
4. Incomplete applications will not be considered and will be returned to the postal address stated on the application.
5. If an applicant withdraws from the learning establishment prior to or after receiving the funding, they must notify the Tūwharetoa Māori Trust Board. If this does not occur, an applicant may not be eligible for further grants.
6. Tūwharetoa Māori Trust Board has the sole discretion to accept or decline any application.
7. Tūwharetoa Māori Trust Board reserves the right to use a successful applicant's name and other details for publicity and promotion purposes.
8. Successful applications received by the 10th of each month will be paid at the end of the month. Payments will be made in March, April, May, and June.

PLEASE COMPLETE ALL FIELDS

PERSONAL DETAILS

Applicants Full Name			
Date of Birth		Phone Number	
Postal Address			
Email		Receive notifications by email: Y / N	

EDUCATION DETAILS

Name of Learning Establishment			
Address			
Phone Number		Start & Finish Date	

PLEASE ATTACH AN OFFICIAL LETTER CONFIRMING ENROLMENT

PLEASE TURN OVER



BANK ACCOUNT DETAILS

Name of Bank

Name of Account

Bank Account Number

<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>	—	<input type="text"/>
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PLEASE ATTACH A VERIFIED COPY OF THE BANK ACCOUNT

DECLARATION

I declare that the information given in this application is true and correct. If my application is successful I will comply with all the terms and conditions of the grant.

I understand that my child's name may be published for publicity and promotion purposes.

Pursuant to the Privacy Act 1993, I give consent for my application to be shared with Ngāti Tūwharetoa Fisheries Charitable Trust and Tūwharetoa Settlement Trust for the purposes of updating contact information.

Full Name of Parent/Caregiver

Signature of Parent/Caregiver

Date

Please state your relationship to the applicant (CIRCLE ONE) Parent / Grandparent / Other:

CHECKLIST

- Registration details checked and verified.
- Application completed in full and declaration signed.
- ATTACH the following:
 - Official letter confirming enrolment at learning establishment.
 - Letter from a doctor or teacher confirming disability.
 - Bank account verification slip.

PLEASE DO NOT SUBMIT THE APPLICATION UNLESS ALL FIELDS ARE COMPLETED AND ALL INFORMATION IS ATTACHED.
INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.

WHAT HAPPENS NEXT

IF APPROVED: You will be notified in writing or by email. Monies will be paid into the nominated bank account by direct credit.

IF DECLINED: You will be notified in writing or by email.

TŪWHARETOA MĀORI TRUST BOARD IS NOT RESPONSIBLE FOR APPLICATIONS LOST IN THE POST

Postal Address: Tūwharetoa Māori Trust Board, P.O. Box 87, Turangi 3353

Phone +64 7 386 8832 | Email education@tuwharetoa.co.nz | Website www.tuwharetoa.co.nz

APPLICATIONS
CLOSE 31 MAY.

Incomplete applications
will not be accepted.