PAPAWAI & KAIKŌKIRIKIRI TRUSTS

PO Box 514, Masterton 5840 **4 Park Avenue, Masterton 5810**
Ph 06-3702608 Fax 06-3702609 **E-mail office@pktrusts.nz**

DISCRETIONARY FUND GRANT APPLICATION FORM

APPLICATIONS OPEN ALL YEAR

CRITERIA

and

INFORMATION

To be considered for a Discretionary Fund Grant you must:

1. The purpose of the Discretionary Fund Grant is to provide financial assistance to support our whanau who are experiencing hardship.
2. To have whakapapa in relation to the tangata whenua of Wairarapa.
3. Be attending a New Zealand secondary school full time course.
4. Be attending a secondary school in Years 9 to 13. Tertiary, intermediate or primary schools will not be considered.
5. Be under 20 years of age at 1 February.
6. This form is the official application. No other documents or correspondence will be accepted.
7. It is the applicant's responsibility to ensure that all sections of the application form are completed and received at the Trusts Board's office by the closing date.
8. Evidence in support of the application to be provided such as: Community Services card or written support from the School Principal or Counsellor (Section F).

SECTION A: STUDENT'S DETAILS

Name:…….

Date of Birth: / / Male: ☐ Female: ☐

Address: ……..……

……..……

……..……

..……Post Code…….

Telephone: …… Fax: ……..…….

Email:..……..…….

Student's Signature:……Date:……

SECTION B: DESCENT / RESIDENCE

I am a New Zealand resident and whakapapa to:

☐ Ngāti Kahungunu ki Wairarapa and / or ☐ Rangitāne o Wairarapa

SECTION C: STUDENT'S PARENT OR GUARDIAN TO COMPLETE

Parent / Guardian Name(s): ……

Address (if different from student's): ……..

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Telephone: …… Fax: …… Email: ……..…….

Parent / Guardian Signature: ……...

Date: / /

SECTION D: SECONDARY SCHOOL INFORMATION

Name of school student attending: ……..

Postal address of school: …….

……...

Telephone: …… Fax: …… Email: ……..……..……

SECTION E: WAIRARAPA WHAKAPAPA

Please ensure you complete the whakapapa form attached:

- The whakapapa section must be signed verified by a kaumatua who is familiar with and can verify this whakapapa.

CHECK LIST

Please check your application to ensure all sections have been completed and tick boxes.
The application and report must be returned to the above address.

☐ A – Student's Details

☐ B – Descent / Residence

☐ D – Secondary School Information

☐ E – Wairarapa Whakapapa

OFFICE USE ONLY

Application is complete: Yes ☐ No ☐ Application: Granted ☐ Declined ☐

Information not received: ……..…….

……..…….

……..…….

SECTION F: PRINCIPAL'S CONFIDENTIAL REPORT

1. This form is required to be completed for students attending secondary school in Years 9 to 13.
2. This form is to be completed by the current school principal or counsellor.
3. The application and report must be returned to the above address.

Name of Student: ……

Address: ……..……..

Date of Birth: / / Male ☐ Female ☐

Name of Present School: ……

Address of School: ……..……

Current Year / Form: ……

PRINCIPAL'S / COUNSELLOR'S REPORT IN SUPPORT OF THE APPLICATION

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Principal's/Counsellor's signature: …… Date: ……