



KIWINIUI TRUST
Rangitaiki 31P 3F

P.O. Box 810
WHAKATANE 3158

Telephone (07) 308 9700
Fax (07) 308 4700

APPLICATION FOR EDUCATION GRANT

Name of Applicant: _____

Postal Address: _____

Phone Number: _____ Mobile: _____

Email: _____

Bank Account No: _____ Bank slip attached: Tick

Enrolment Confirmation attached: Tick

Whakapapa:

Please show clearly that you are a current shareholder or a descendant of a current shareholder of Kiwinui Trust.

Great Grandparent: _____

Grandparent: _____

Parent: _____

Applicant: _____

Please highlight the name of the person listed on the Share Register and fill in your whakapapa showing your relationship to that person. If unsure, please check the Share Register available on maorilandonline.govt.nz.

Applicant's Declaration:

I declare that all information provided is true and accurate and I understand that my application may be declined if I fail to complete and attach all requested information.

Signed: _____ Date: / /
(Applicant)

Education Grants Criteria

- Only shareholders, children, or grandchildren of shareholders are eligible to apply.
- Applicants must be full time students at an accredited tertiary education institution
- Students must be enrolled in at least their second year of full-time study.
- A deposit slip showing bank account details must be attached. Grants will be paid by internet banking after the Annual General Meeting. Certificates will be presented at the Annual General Meeting.
- This application form must be accompanied by a Confirmation of Full-time Enrolment Form signed by Principal or Registrar of the institution the applicant is attending.
- The Confirmation of Full-time Enrolment Form must be on the institution's letterhead with the date and following details included:
 - Name of institution
 - Name of student
 - Programme of study the student is undertaking
 - Year of study
 - Signature of Principal/Registrar

Applications close on Friday, 31 March 2023. Applications received after this date will not be considered by the Trust.

Important

The Trustees will appreciate your korero on your education progress at the Annual General Meeting.

Please forward your completed form and attachments to:

Education Grants Sub-committee
Kiwiniui Trust
C/- Goldsmiths
PO Box 810
WHAKATANE 3158
grants@goldsmithsca.co.nz

ATTENDANCE CERTIFICATE

This certificate **MUST BE COMPLETED** by the Principal or Registrar of the education establishment attended by the student **BEFORE** the application is sent to the Kiwinui Trust.

1. Name of Student _____

2. Education Establishment Attending _____

3. UNIVERSITY STUDENTS Course or Degree and Year (2nd 3rd etc.)

4. TERTIARY AND OTHER INSTITUTE STUDENTS (Including Polytechnic, Teachers Training College, Farm Training College etc.)

Course _____

Length of Course _____

Year (2nd, 3rd etc.) _____

5. Other (Including Nursing Trainees, Dental Nursing etc.)

Course _____

Length of Course _____

Year (2nd, 3rd etc.) _____

6. Registrar/Principal _____

Date _____

Principal _____