



**AOTEAROA TRUST**  
**SCHOOL AGE STUDENT**  
**GRANT**  
**APPLICATION**

**For years 1 to 13 only**

## AOTEAROA TRUST EDUCATION GRANTS

The Aotearoa Trust has a policy of providing Education Grants to children/students of beneficial ownership attending school in New Zealand in the following areas:-

### School age student Grants Tertiary Scholarships

#### SCHOOL AGE STUDENT GRANT

Caregivers of students at school can apply for a Grant to assist meeting school fees depending on their age and school level. Approvals will be advised in March each year. The grant funds are to be allocated to school fees first and then any remaining funds can be used to go towards stationery, chrome books and uniforms.

#### SUMMARY OF EDUCATION GRANTS POLICIES

##### School age student Grants

- Grants will not exceed the cost for the student attending a school or education provider.
- Grants for school aged students are made to the Education provider on behalf of the student.
- Grants will **only be paid once attendance is certified by the education provider**. Grant funds will be reconciled by the education provider annually and credit balances refunded to the Trust.
- **Confirmation of attendance and enrolment is required each year**. This is generally a letter from the school acknowledging that the student is enrolled for the year and a brief summary of their **attendance for the previous year**.

##### Applications

A fully completed Application must be made to the Trust by **14 February** and emailed to [aotearoatrust@clelandhancox.co.nz](mailto:aotearoatrust@clelandhancox.co.nz) or posted to P O Box 9495, Hamilton 3240.

- ❖ If a Student **has not** had a Grant previously approved then proof of whakapapa to the beneficial owner must be provided, by way of **certified birth certificates** to support the whakapapa form.
- ❖ The application must be signed by the beneficial owner or an authorised person.
- ❖ **To apply for a school age student grant** please complete Form 2.

Further copies of application forms can be accessed in PDF form from the Trust's website: [www.aotearoatrust.co.nz](http://www.aotearoatrust.co.nz)

Please attach confirmation of attendance and enrolment letters here

**Form 2** (2 pages)

**APPLICATION FOR AOTEAROA SCHOOL AGE STUDENT GRANT**

**Closing date for this application is the 14<sup>th</sup> February**

Shareholder's Name or Whānau Trust Name: .....

If the Shareholder is a Whānau Trust please provide name of the donor of the shares & Responsible Trustee:.....

Shareholder Number: .....

Shareholder's or Responsible Trustee Contact Details-Postal Address: .....

Phone No:..... Email:.....

Parent or Caregiver's Contact Details-Postal Address: .....

Phone No:..... Email:.....

I hereby certify that the information set out on this application form is correct:

**SHAREHOLDER OR AUTHORISED PERSONS SIGNATURE:.....**

**PRINT NAME: ..... DATE: .....**

Signatories Relationship to Shareholder: .....

We require a confirmation of attendance and enrolment letter from the school the student is attending **each year** and the school's bank account details.

**NOTE:** If this is the **first time** you are making an application for this student, we require **proof of whakapapa**. i.e. certified copies of birth certificates to support the whakapapa form.

**STUDENT DETAILS**

Student 1: Name: .....

Date of Birth: .....

School Attending: .....

Year Level at School: .....

Student 2: Name: .....

Date of Birth: .....

School Attending: .....

Year Level at School: .....

Student 3: Name: .....  
Date of Birth: .....  
School Attending: .....  
Year Level at School: .....

Student 4: Name: .....  
Date of Birth: .....  
School Attending: .....  
Year Level at School: .....

Student 5: Name: .....  
Date of Birth: .....  
School Attending: .....  
Year Level at School: .....

Student 6: Name: .....  
Date of Birth: .....  
School Attending: .....  
Year Level at School: .....

Student 7: Name: .....  
Date of Birth: .....  
School Attending: .....  
Year Level at School: .....

Student 8: Name: .....  
Date of Birth: .....  
School Attending: .....  
Year Level at School: .....

Student 9: Name: .....  
Date of Birth: .....  
School Attending: .....  
Year Level at School: .....

## WHAKAPAPA FORM

PLEASE COMPLETE YOUR WHAKAPAPA BACK TO THE AOTEAROA TRUST SHAREHOLDER.

APPLICANT'S NAME: .....

SHAREHOLDER OR WHĀNAU TRUST & DONOR OF SHARES NAME: .....

SHAREHOLDER NUMBER: .....

Please attach certified birth certificates to support whakapapa. This form will be held for future reference.  
(Complete on a separate page for each child if required)

WHAKAPAPA		
	_____	_____
		GG Father
	_____	
	G Father	_____
		GG Mother
_____		_____
Father		GG Father
	_____	
	G Mother	_____
		GG Mother
_____		
Student		_____
	_____	GG Father
	G Father	_____
		GG Mother
_____		_____
Mother		GG Father
	_____	
	G Mother	_____
		GG Mother