



**AOTEAROA TRUST**  
**EARLY CHILDHOOD EDUCATION**  
**GRANT**  
**APPLICATION**

**For ages 0 to 5 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:-

**Early childhood education Grants**  
**School age student Grants**  
**Tertiary Scholarships**

### EARLY CHILDHOOD EDUCATION GRANT

Parents/Caregivers of children attending a registered early childhood education provider can apply for a Grant to assist meeting fees required.

#### SUMMARY OF EARLY CHILDHOOD EDUCATION GRANT POLICIES

- Grants will be \$100 per child, per year.
- Grants are made to the registered early childhood education provider on behalf of the child.
- Grants will **only be paid once the following is received:**
  - Proof of whakapapa to the beneficial owner, by way of **certified birth certificates** to support the **whakapapa form** (this is only required the first year).
- **Invoice of child's fees and bank account details from registered early childhood education provider.**
- **An early childhood education grant application and invoice of fees is required each year.**

### Applications

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

- ❖ The application must be signed by the beneficial owner or an authorised person.

**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)**

**Form 6**

**APPLICATION FOR AOTEAROA TRUST EARLY CHILDHOOD EDUCATION GRANT**

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 an invoice of fees **each year** from the registered early childhood education provider/s that the child is attending and the providers bank account details.

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

**CHILD DETAILS**

Child 1: Name: .....

Date of Birth: .....

Early Childhood Education Provider Attending: .....

.....

Child 2: Name: .....

Date of Birth: .....

Early Childhood Education Provider Attending: .....

.....

Child 3: Name: .....  
Date of Birth: .....  
Early Childhood Education Provider Attending: .....  
.....

Child 4: Name: .....  
Date of Birth: .....  
Early Childhood Education Provider Attending: .....  
.....

Child 5: Name: .....  
Date of Birth: .....  
Early Childhood Education Provider Attending: .....  
.....

Child 6: Name: .....  
Date of Birth: .....  
Early Childhood Education Provider Attending: .....  
.....

## 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		
	_____	_____
	G Father	GG Father
	_____	_____
	G Mother	GG Mother
_____		_____
Father		GG Father
	_____	_____
	G Mother	GG Mother
_____		_____
Student/Child		GG Father
	_____	_____
	G Father	GG Mother
_____		_____
Mother		GG Father
	_____	_____
	G Mother	GG Mother