





## EARLY CHILDHOOD

# education grant



<u>Please Note:</u> You must be registered with the Tūwharetoa Māori Trust Board, Tūwharetoa Settlement Trust, and Ngāti Tūwharetoa Fisheries Charitable Trust to apply for this grant. Please contact the Trust Board on **+64 7 386 8832** or Settlement Trust on **0800 889 427** for further details.

## REGISTRATION ID NUMBER (IF KNOWN)



#### TERMS & CONDITIONS

- 1. Early childhood education grants support tamariki attending a registered Kōhanga Reo or Early Childhood Education centre.
- **2.** Early childhood education grants are available to registered members who reside in Aotearoa, New Zealand.
- **3.** Applicants must provide an official letter confirming enrolment from the Kōhanga Reo or Education Centre.
- **4.** Incomplete applications will not be considered.
- 5. If an applicant withdraws from early childhood education 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.
- Tūwharetoa Māori Trust Board reserves the right to use a successful applicant's name and other details for publicity and promotion purposes.
- **8.** Applications will be processed from February to March.
- **9.** Payments will be made in May.

Start & Finish Date (For current year)

## PLEASE COMPLETE ALL FIELDS

Phone Number

PERSONAL DETAILS				
Applicants Full Name				
Date of Birth	Phone Number			
Postal Address				
Email		Receive notificiation	ns by email: Y	N
EDUCATION DETAILS				
PLEASE TICK ONE				
Kōhanga Reo Early Childhood Centre				
Name of Kōhanga Reo / Early Childhood Centre				
Address				

BANK ACCOL	INT DETAILS	
Name of Bank		Name of Account

## **BANK ACCOUNT NUMBER**

## PLEASE ATTACH A VERIFIED COPY OF THE BANK ACCOUNT

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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	o 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 Kōhanga Reo / Early Childhood Centre.
- Bank account verification slip.

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

## WHAT HAPPENS NEXT

IF APPROVED: You will be notified by email. Monies will be paid into your nominated bank account by direct credit. IF DECLINED: You will be notified by email.

TŪWHARETOA MĀORI TRUST BOARD AND TŪWHARETOA SETTLEMENT TRUST ARE NOT RESPONSIBLE FOR APPLICATIONS LOST IN THE POST.

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

APPLICATIONS CLOSE AT 5PM 31 MARCH

Incomplete applications will not be accepted.