



# Te Rūnanga O Ngāti Ruanui Education Grant

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# 2009

Please send your completed application form to:

***Ngāti Ruanui Group Management Ltd***  
***Freepost 104999***  
***PO Box 594***  
***HAWERA 4640***

***ATTENTION: EDUCATION COMMITTEE***

Application Closing Date: **FRIDAY FEBRUARY 27<sup>th</sup> 2009 at 5pm**

Payment Date: **MONDAY APRIL 13<sup>th</sup> 2009**

## **IMPORTANT!! PLEASE READ BEFORE COMPLETING**

1. Please answer all questions in full from section **A – E**.
2. Applicant must be of Ngāti Ruanui descent **and be** registered with Te Runanga O Ngāti Ruanui Trust.
3. Once Te Runanga O Ngāti Ruanui receives your application you will receive a letter:
  - confirming your eligibility; and/or
  - requesting further information which must be received by us **before the closing date**
4. Once the grants have been allocated, all applicants will be notified. If your application is **SUCCESSFUL** you are eligible to apply for a grant in the following academic year.

If your application is **NOT SUCCESSFUL**, you are eligible to apply for the next round of grants the following academic year.

5. Successful applicants will have their grant banked in the Bank Account supplied.
6. There is **no guarantee** that your application will be successful.
7. The **Education Grants Committee decision is final**.

### **CHECKLIST**

*(Please ensure that you complete all the following tasks)*

- **Application form completed in full**
- **Registered to Te Runanga O Ngāti Ruanui Trust**
- **Hapu Representative endorsement**
- **Study verified**
- **Bank verified deposit slip/bank statement attached**
- **Full fee invoice/receipts attached**

## **HAPU REPRESENTATIVE CONTACTS**

Hapu	Marae	Hapu Representative	Phone Numbers
Ahitahi	Whakaahurangi	Laura Maruera	(06) 273-8268
Araukuku	Ketemarae	Paul Carr	(04) 920-5657 (021) 315-034
Hamua	Taiporohenui Ngatiki	Sandy Parata	(06) 278-6955
Hapotiki	Taiporohenui	John (Rukutai) Watene	(027) 287-2288
Nga Ariki	Mokoia	Patrick Rangihaeata	(09) 621-0600 ext.8229 wk
Ngati Hawe	Ngatiki Taukokako	Rona Hancock	(06) 755 1255
Ngati Hine	Meremere Pariroa Whenuakura Waioturi	Samuel Tamarapa	(06) 754 7640 (027) 474-9211
Ngati Ringi	Pariroa	Haimoana Maruera	(027) 739-5301
Ngati Takou	Manutahi (Te Takere)	Sid Kahukuranui	(06) 278-1566
Ngati Tanewai	Wharepuni	<b>VACANT</b>	
Ngati Tupaea	Wharepuni	Te Maari Wright	No number
Ngati Tupito	Pariroa	Haimona Maruera	No number
Rangitaawhi	Waioturi	Ngapari Nui	(06) 273-8158 (021) 748-440
Tuatahi	Pariroa	<b>VACANT</b>	
Tuwhakaaehu	Meremere	Kaikapo Rangihaeata	(09) 274-5642 (09) 267-8194 wk
Ngati Kotuku	Pariroa	Tupito Maruera	(06) 354-2024 (027) 419-0098

## **ALTERNATE HAPU REPRESENTATIVE CONTACTS**

Hapu Alternates	Marae	Hapu Representative	Phone Numbers
Ahitahi	Whakaahurangi	Hemi Haddon	(06) 765-8902
Hamua	Taiporohenui Ngatiki	Duane Luke	(04) 938-4265
Nga Ariki	Mokoia	Shay King	(06) 278-5895
Ngati Hine	Meremere/Pariroa Whenuakura/Waioturi	Aroha Heremaia	(09) 834-7103
Ngati Kotuku	Pariroa	Tom Rangihaeata	(027) 633-4658
Rangitaawhi	Waioturi	Bernadette Pascoe	(00617) 4093-3490

**Section A: APPLICANTS DETAILS**

**A1 Personal Details**

First and Middle

Last Name

**A2 Contact Details**

Your postal address

Your physical address (if different from above)

Phone

Mobile

Email

**A3 Date of Birth**

DD MM YY

AGE

**A4 Your Gender**

Male

Female

**Section B: YOUR NGĀTI RUANUI ENDORSEMENT**

**B1 Are you registered with Te Runanga O Ngāti Ruanui Trust**

Yes (continue to Question B2)

No

**If NO,** please complete a registration form before completing this application.

**B2 Please identify your Ngāti Ruanui Hapu and or your Ngāti Ruanui Marae**

**B3 Te Runanga O Ngāti Ruanui Trust Hapu Representative Endorsement  
(See the list of Hapu Representatives at the front of this application)**

I .....TRONRT Hapu Representative for  
..... Hapu, endorse and support this  
application.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

**Section C: STUDY DETAILS**

**C1 What tertiary institute are you attending?**

\_\_\_\_\_

**C2 What qualification are you studying towards? Please list clearly,  
e.g cert in, bachelor of, Diploma in etc.**

\_\_\_\_\_

**C3 What sector of education are you studying in?**

University  Wānanga  Polytech  Secondary  Other

**Section D: PROVIDER VERIFICATION**

This must be completed by an **authorised staff member** from your intended education provider. You are also required to attach a copy of your fees receipt to confirm your enrolment.

This is to certify that ..... is enrolled  
as a student at ..... for the ..... /..... /**2009**  
academic year.

Certifier signature \_\_\_\_\_

Certifiers name (print) \_\_\_\_\_

Certifiers title/position \_\_\_\_\_

Date \_\_\_\_\_

Education Provider  
Stamp

\_\_\_\_\_

**D1 BANK ACCOUNTS DETAILS**

Attach **copies of any receipts** or any relevant information relating to fees and costs for the 2009 educational year.

Attach verified bank deposit slip, must match name of applying applicant

Account Name .....											
Bank.....						Branch.....					
Account No:											

**Section E: APPLICANT DECLARATION**

I certify that all the information supplied in this application form is correct. If I am successful, I give consent to Te Runanga O Ngāti Ruanui Trust to publish my name as a recipient on any Ngāti Ruanui publicity (eg. Te Pou Korero, website, annual report)

I also give consent to Te Runanga O Ngāti Ruanui contacting my place of study to verify any information provided in this application form is true and correct in accordance with the Privacy act 1993.

Applicant's signature

Date

<b>For Office Use Only:</b>					
	Rec'd by	Date		Rec'd by	Date
Application received					
Application complete			<i>Application incomplete</i>		
Letter sent			<i>Letter outlining required info</i>		
Approved			<i>Not Approved</i>		
<b>Processed by:</b>			<b>Signature:</b>		