

TERTIARY GRANT APPLICATION FORM 2024

ELIGIBILITY GRANT CRITERIA

Tertiary Grants are now open and will close on Friday 3 May 2024

The approval for Tertiary Grants is subject to meeting the following:

- ❖ Māori Investments Limited (MIL) has now partnered with Māori Education Trust (MET), who will offer further support for those applying for our Tertiary Grants.
- ❖ Shareholders of MIL and their descendants are eligible to apply for our Tertiary Education Grants each year. Applicants can only submit one (1) application per year during the opening dates.

Year of Study

- ❖ First-year students are eligible to apply, subject to their living status while residing in the Halls of Residency only. Documentation must be provided by the respective University to support this.
- ❖ Applicants must be in their second year or higher of their current study program.
- ❖ If you are **NOT** in your second year or higher within your current study program you will not be eligible for a grant. Certificates equivalent to 1 year or less of study, whether you are full-time or part-time over 2 years will not suffice. Your study periods must be consecutive following the previous year and subject.

Whakapapa

- ❖ The Grants Committee will recognise those applicants (including legally adopted children) who are Shareholders of MIL or a descendent of a shareholder/trust or descendants of the original landowners of Tarawera No. 1.
- ❖ Those who are descendants of the **above** must complete the Whakapapa Section of this application form. This section must be endorsed by the Trust Administrator (as outlined in our system) you descend from to confirm that the information you have provided is true and correct. *Failing to complete this section may result in your application being unsuccessful. This does not extend to anyone outside the above criteria.*
- ❖ Grants are not available for FREE Courses (i.e., programs incurring no fees)

Verification Documents

- ❖ All supporting documents (with the exception of your whakapapa section) must be certified and signed by either: an Administrator Officer/Clerk or any senior academic staff of your education provider or training institution, a JP (Justice of Peace), a solicitor, a bank manager (for bank account verification) Minister of Religion or a Chartered Accountant.

Please turn over the page

DOCUMENTS REQUIRED

Please ensure you have all documentation required to support your application, as this may impact the outcome of your submission if not provided.

- Whakapapa verification must be complete if you descend from a MIL Shareholder or Trust. Applicants applying under an individual shareholder or Trust must have the section signed from whom they are a descendant.
Please know that if the Shareholder or Administrator of the Trust is unknown or has changed from the records we obtain, additional documents will be required for completion by the whanau before your application is approved.
- A copy of your enrolment confirmation from your education provider or training institute, clearly stating your current year's course, study status, number of papers, and course fees.
- A copy of your residential confirmation/status in the applicant's name.
- A copy of your course fees receipt showing that your fees are PAID, or a copy of a Study Link entitlement statement.
- A copy of your academic records showing your progress-past year/s results in your continued program.
- Ph.D. students in Year 2 or higher to provide a brief report from your supervisor detailing your progress.
- A copy of your Student ID and/ or photographic ID
- A copy of your Birth Certificate
- A verified copy of your bank account in the form of a bank statement, bank verification slip, or stamped verification from your bank.

Check List

- Application completed in full and received by **Friday, 3 May 2024.**
- All documentation is provided as outlined ***above***.
- The whakapapa section is endorsed by the Shareholder or Trust Administrator (this applies to those applying as a descendant of a shareholder or trust established with MIL).
Please know that if the Shareholder or Trust Administrator is unknown or has changed from the records we obtain, additional documents will be required for completion by the whanau before your application is approved.
- A copy of your Birth Certificate is provided.

Please continue over the page

TERTIARY GRANT APPLICATION FORM 2024

PERSONAL DETAILS

Full Name			
Shareholder ID Number	(MUST BE PROVIDED)		
Address			
		Post Code	
Phone Number			
Email			
Date of Birth			
Student ID Number			
Education/Institute Provider			
Study Subject			
Year of Study			
Undergraduate or Postgraduate	(PLEASE STATE)		
Signature of Applicant		Date	

- Please tick if you are a first-year student residing in the Halls of Residency. A reminder, that all documents must be original copies provided by your respective University with this application to confirm your residential status.

MARAE, IWI & HAPU AFFILIATION

Please state your Marae, Iwi & Hapu you are affiliated to (if known):

Marae	Iwi (Tribe)	Hapu (Sub-Tribe)

Please continue to the next page

BANK ACCOUNT DETAILS

Please provide your individual bank account

Name of Bank		Name of Account	
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Bank Account Number

<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	–	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please ***attach*** a verified copy of your bank account

In the form of a bank statement, bank verification slips, or stamped verification from your bank. This must clearly show your bank account number and name on the account (in the applicant's name). ***We do not accept*** screenshots of internet banking or manually completed deposit slips.

WHAKAPAPA SECTION

The section requires completion if applying as a descendant of a Shareholder or Trust.

- ❖ Individual applicants applying as a descendant of a Shareholder or Trust who obtains shares in MIL must provide their whakapapa to that Shareholder or Trust.
- ❖ Once completed, the Shareholder or registered Administrator of the Trust, to whom you tie your whakapapa too, as outlined in our system, must endorse this section, confirming that the information you have provided is true and correct.
- ❖ Please do not sign this section yourself unless you are the Administrator applying for a Tertiary Grant.
- ❖ If the Administrator of the Trust is unknown or has changed from the records we obtain, additional documents are required for completion by the whanau before your application is approved.
- ❖ It is the Administrators responsibility to inform MIL of any changes to the Trust, so please be aware if this impacts your application.
- ❖ Incomplete forms will be unsuccessful.
- ❖ Payments will be processed for all successful applications into the individual's bank account.

Please show your whakapapa to a Shareholder or Trust of MIL on the page provided.

Shareholder or Trust Name

Shareholder or Trust ID Number (If known)

Please state your relationship to the Shareholder or Trust

Please continue to the next page

WHAKAPAPA

This section must be completed for those who are applying as a descendant of a Shareholder or Trust.

Please complete full names. If additional space is required, please continue on a separate page.

You	Father	Grandfather	Great Grandfather	Great-Great Grandfather
			Great Grandmother	Great-Great Grandmother
		Grandmother	Great Grandfather	Great-Great Grandfather
			Great Grandmother	Great-Great Grandmother
	Mother	Grandfather	Great Grandfather	Great-Great Grandfather
			Great Grandmother	Great-Great Grandmother
		Grandmother	Great Grandfather	Great-Great Grandfather
			Great Grandmother	Great-Great Grandmother

WHAKAKAPAPA VERIFICATION

This section MUST be completed and signed by the Administrator of the Trust established in MIL.

I, as the Shareholder or Administrator of the Trust, declare that the Whakapapa provided by the applicant is true and that I take full responsibility to ensure this information is correct.

ADMINISTRATORS VERIFICATION DETAILS

Full Name			
Address			
		Post Code	
Email			
Phone Number			
Signature of Administrator		Date	

❖ **Should the Administrator of the Trust be unknown, or has changed from the records we keep, additional documents are required for completion before this application can be approved.**

PRIVACY INFORMATION

The information provided in this application will be obtained and utilised by MIL to assess your application and/ or ongoing administration purposes.

You consent for MIL to obtain information about you from third parties for the purpose to assess your application and provide verified documents as proof of your identity.

You consent for MIL to obtain a copy of your signature on file to verify that no fraudulent actions are undertaken.

You have the right to request your information for review and correct your personal details at any time.

Please know that your application can take up to 3 weeks after the closing date to be processed.
We will notify you via post or email of the outcome.



Postal Address: Māori Investments Limited, Waterhouse Street Extension, PO BOX 229, Kawerau 3169

Phone: 07 323 8146

Email: info@maoriinvestments.co.nz

Website: www.maoriinvestments.co.nz

OFFICE USE ONLY

Received by (Staff Name):

Approval SECTION

- | | |
|--|--|
| <input type="checkbox"/> Application completed in full: Yes/No | <input type="checkbox"/> Address verification provided |
| <input type="checkbox"/> Has the applicant (for those applying under Trust) completed the verification declaration section: Yes/No | <input type="checkbox"/> Bank account verification attached: Yes/No |
| <input type="checkbox"/> If applying under a Trust is the Trust fully compliant: Yes/No | <input type="checkbox"/> A copy of the applicant's photographic identification provided: Yes/No |
| | <input type="checkbox"/> Application approved: Yes/No
(If the application is not approved, please state the reason below) |

Reason for the application being unsuccessful:

MUST BE SIGNED BY A COMMITTEE MEMBER

Name:

Position:

Signature:

Date: