Hauraki Māori Trust Board

(as Trustee of the Pare Hauraki Fishing Trust)

Education Grant Application Form 2024

APPLICATIONS WILL ONLY BE ACCEPTED FROM REGISTERED IWI MEMBERS. TO CHECK IF YOU ARE REGISTERED, FREEPHONE 0508 468 288

ENROLMENT CONFIRMATION (to be certified by Institution)

Surname

First Name(s)

Is enrolled as (please tick one)

☐ Full time Student

☐ Part time Student

☐ Other (please specify)

For the 2024 academic year, the above student is studying towards

Name of Qualification / Program

Name of Institution / Organisation

What year of study is this toward the above qualification?

☐ First ☐ Second ☐ Third ☐ Fourth ☐ Other (please specify)

I certify the above information is a true and correct record of the applicant's student enrolment status. I can be contacted should any of this information need to be verified.

Name

Position

Phone Number

Email

Signature

Date

INSTITUTION STAMP OR SEAL