

# **PORIPORI FARM A TRUST**

# 2024 EDUCATION GRANT FOR TERTIARY STUDY

Closing Date – 4pm, Friday, 29th March 2024

CHECKLIST		
Owner or descendant of owner	Yes / No	
Second year of Study		
Studying full-time		
Covering Letter attached		
CV attached		
Proof of enrolment attached		
Previous academic results attached		
Confirmation of bank account attached		
Additional information that may assist		
Signed by the current shareholder		

#### Please forward your application to:

The Secretary
Poripori Farm A Trust,
PO Box 4626,
Mount Maunganui South, 3149

Email: admin@poripori.org.nz

No later than 4pm, Friday 29th March 2024

### **Notes to Applicants**

All sections must be fully completed.

- 1. The Poripori Farm A Trust Tertiary Education Assistance Grant is available from your <u>2<sup>nd</sup> year</u> of study onwards.
- **2.** Two (2) Scholarships will be awarded to Post Graduate Applicants, and Grants awarded to Tertiary Applicants.
- 3. The Application Form is to be completed and must reach The Secretary Poripori Farm A Trust, PO Box 4626, Mount Maunganui South, 3149 no later than 4pm, Friday 29th March 2024.
- **4.** The applicant <u>must</u> be an owner or descendant of an owner in Poripori Farm A Trust.
- **5.** The applicant <u>must</u> be studying full-time at a New Zealand or overseas tertiary institution.
- **6.** The application <u>must</u> be accompanied by proof of enrolment from your New Zealand or overseas tertiary institution for the current year.
- 7. The application **must** provide previous academic results.
- **8.** The applicant <u>must</u> submit a covering letter and a CV providing additional information to assist in the selection process.
- **9.** The applicant <u>must</u> provide verification of bank account.
- **10.** The Selection Panel's decision is final, and any late or incomplete applications will **not** be considered.

## **PORIPORI FARM A TRUST – APPLICATION FORM**

#### **Section A: Personal Details**

Occilon A. I cisonal Details		
Surname:		
First Names:		
Male   Female		
Date of Birth:		
Postal Address:		
Phone/Mobile:		
Email:		
Are you an owner in the Poripori Farm A Trus	t: Yes   No	
Shareholder Number (if known) and Relationship to Owner:		
Section B: Educational Details		
What Tartiary Institute are you attending?		
What Tertiary Institute are you attending?		
What is the name of the qualification you are pursuing?		
Chata the company of atomic (i.e. 20nd, 2rd atom)		
State the year of study (i.e. 2 <sup>nd</sup> , 3 <sup>rd</sup> etc.)		
Full-Time Study: YES   NO		
What subjects are you taking this year? (sepa	rate into semesters if applicable)	
1st Semester	2 <sup>nd</sup> Semester	
i Semester	2 Jeniestei	

What are your career goals?		
Please state any other financial assistance that you are receiving:		
Section C: Bank Account Details		
Bank:	Account Name:	
Account Number	·	
IMPORTANT: You MUST attach a bank confirmation to verify the nominated account number.		
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Section D: Whakapapa		
Complete your Whakapapa to show clearly that you are a beneficiary of the Poripori Farm A Trust land block. Only one branch of Whakapapa (either fathers or mothers side) is required. Verification will be made by the Selection Committee.		
Great Great-Grandparent:		
Great-Grandparent:		
Grandparent:		
Birth Parent:		

# **Applicant Declaration:** I \_\_\_\_\_ (full name) declare that the information that I have given is true and correct. Signed: Date: **Shareholder Declaration:** Shareholder Name: Relationship to Applicant:

Date:

**Section E: Declaration** 

Signed:

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Mount Maunganui South, 3149

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