



SPECIAL NEEDS grant



Please Note: You must be registered with either the Tūwharetoa Māori Trust Board, Tūwharetoa Settlement Trust, or 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.

TERMS & CONDITIONS

1. Special needs education grants support whānau with disabilities who attend a registered learning establishment.
2. Special needs education grants are available to registered members who reside in Aotearoa, New Zealand.
3. Applicants must provide:
 - an official letter confirming enrolment; and
 - a letter from a doctor confirming the type of disability.
4. If an applicant withdraws from the learning establishment 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.
5. Tūwharetoa Māori Trust Board has the sole discretion to accept or decline any application.
6. Tūwharetoa Māori Trust Board reserves the right to use a successful applicant's name and other details for publicity and promotion purposes.
7. Applications will be processed from February to April.
8. Payments will be made on the last Friday in May.

PLEASE COMPLETE ALL FIELDS

PERSONAL DETAILS

Applicants Full Name			
Date of Birth		Phone Number	
Postal Address			
Email			

EDUCATION DETAILS

Name of Learning Establishment			
Address			
Phone Number			
Start Date (For current year)		Finish Date (For current year)	

PLEASE ATTACH AN OFFICIAL LETTER CONFIRMING ENROLMENT AND A LETTER CONFIRMING DISABILITY

PLEASE TURN OVER



BANK ACCOUNT DETAILS

Name of Bank

Name of Account

BANK ACCOUNT NUMBER

PLEASE ATTACH A VERIFIED COPY OF THE BANK ACCOUNT

DECLARATION

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

Date

Please state your relationship to the applicant (Tick 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 learning establishment.
- Letter from a doctor confirming disability.
- Bank account verification slip.

PLEASE DO NOT SUBMIT THE APPLICATION UNLESS ALL FIELDS ARE COMPLETED, AND ALL DOCUMENTATION IS ATTACHED.

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

Phone: +64 7 386 8832 | Email: education@tuwharetoa.co.nz | Website: www.tuwharetoa.co.nz

**APPLICATIONS
CLOSE AT 5PM
31 MARCH**

Incomplete applications
will not be accepted.