



APPLICATION FORM 2020

Te Rūnanga a Rangitāne o Wairau Trust is committed to supporting the educational aspirations of its younger members. Applicants can access up to \$50 for each child at the beginning of the school year to assist with school fees, stationery, school uniform or other related costs.

CRITERIA	<ul style="list-style-type: none"> Available to the parents or legal guardians of children attending primary to secondary school You and your children must be verified as Rangitāne o Wairau whānui by having a membership number on the Te Rūnanga a Rangitāne o Wairau Trust database. Children must be enrolled in school for 2021.
CLOSING DATE	<ul style="list-style-type: none"> Applications must be received by 4:00pm on 31 December 2020. Incomplete and late applications will not be accepted.
BEFORE YOU APPLY	<p>Information and documents you need for your application include:</p> <ul style="list-style-type: none"> Completed application form. Proof of bank account details.

This form should be completed electronically otherwise please PRINT clearly. All sections must be completed fully.

YOUR PERSONAL DETAILS

LAST NAME	MEMBERSHIP NO.
FIRST NAME	HOME PHONE
ADDRESS	MOBILE
STREET	EMAIL
SUBURB	
TOWN / CITY	POSTCODE
	DATE OF BIRTH DD / MM / YYYY

YOUR BANK ACCOUNT DETAILS

Proof of bank account details must be attached to this form.

BANK ACCOUNT NAME

NZ 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"/>
BANK			BRANCH			ACCOUNT NUMBER						SUFFIX					

DETAILS OF YOUR CHILDREN

MEMBERSHIP NO.	NAME	SEX	DOB	SCHOOL
		M / F	DD / MM / YYYY	
		M / F	DD / MM / YYYY	
		M / F	DD / MM / YYYY	
		M / F	DD / MM / YYYY	
TOTAL REQUESTED				\$

DECLARATION

I DECLARE THE INFORMATION I HAVE PROVIDED IS TRUE AND CORRECT

SIGNED _____ DATED DD / MM / YYYY _____

POST TO:
 MĀTAURANGA
 TE RŪNANGA A RANGITĀNE O WAIRAU TRUST
 PO BOX 883
 BLENHEIM 7240

OR EMAIL TO:
EDUCATION@RANGITANE.ORG.NZ

- CHECKLIST:**
- MEMBERSHIP NUMBER(S)
 - COMPLETED APPLICATION FORM
 - PROOF OF BANK ACCOUNT
 - APPLICATION SUBMITTED BY DUE DATE

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