



Wi Pere Trust

APPLICATION FOR EDUCATION GRANT TERTIARY STUDY

(University, Teachers College & Other Tertiary Institutions)

ID No _____

ELIGIBILITY: To qualify for a grant the student must be:

- a) a beneficial interest holder, child or grandchild of a beneficial interest holder and;
- b) be a descendant of Wi Pere

Applications for grandchildren and great grandchildren must be accompanied by a whakapapa showing the students direct descendancy to the Wi Pere Beneficial Interest Holder. All whakapapa must be certified by the Beneficial Interest Holder where applications are for grandchildren and great grandchildren. Where the Beneficial Interest Holder is a life interest only, a whakapapa must accompany application form showing the students direct descendancy to the Wi Pere Beneficial Interest Holder. Consideration will be given when the Beneficial Interest Holder is unable to certify the whakapapa e.g. an estate, however approval will be conditional upon confirmation of the whakapapa.

You should provide suitable confirmation with your application.

1 NAME OF BENEFICIAL INTEREST HOLDER _____

(Shareholder)

2 BENEFICIAL INTEREST HOLDER'S ADDRESS _____

3 NAME OF STUDENT _____

4 ADDRESS DETAILS OF STUDENT _____

5 CONTACT TELEPHONE/MOBILE NUMBER OF APPLICANT _____

(Please ensure that this is completed in the event of further queries)

6 EMAIL ADDRESS OF APPLICANT _____

(Please ensure that this is completed in the event of further queries)

7 RELATIONSHIP OF STUDENT TO BENEFICIAL INTEREST HOLDER _____

8 NAME & ADDRESS OF UNIVERSITY/TEACHERS COLLEGE/TERTIARY INSTITUTION _____

Full Time or
Part Time

9 DETAILS OF DEGREE OR COURSE OF STUDY - SEE NOTE 1 _____

10 WHAT SUBJECTS ARE YOU STUDYING THIS YEAR? _____

PLEASE TURN OVER

9. IF A GRANT IS APPROVED, PAYMENT CAN ONLY BE MADE IN NAME OF STUDENT OR THE INSTITUTION IN WHICH THEY ARE ATTENDING:

NAME

BANK ACCOUNT NUMBER

(PLEASE ATTACH A VERIFIED BANK DETAILS - PRE-PRINTED DEPOSIT SLIP OR COPY OF BANK STATEMENT IN THE NAME OF THE STUDENT APPLYING FOR GRANT.

ALL INFORMATION GIVEN IS TRUE AND CORRECT

SIGNATURE OF STUDENT

DATE

CERTIFICATE OF ENROLMENT

I HEREBY CERTIFY THAT

(Christian Names)

(Surname)

IS ENROLLED AS A STUDENT AT THIS SCHOOL FOR THE 2026 YEAR.

(Educational Institute)

(Head of Department/Principal/Registrar)

(Date)

(Tertiary Institution Stamp)

THIS FORM MUST BE COMPLETED IN EVERY RESPECT AND IN THE HANDS OF THE SECRETARY, C/- P O BOX 169, GISBORNE BY 20TH MARCH 2026.

NOTES

1

Where the course of study is not a degree at a University or Polytechnic the student should provide sufficient information about their tertiary studies to enable the Trustees to fully assess their entitlement to a grant. This information should include as a minimum the qualification or certificate they are studying for, the duration of the course i.e.: 6 months, 1yr, 2yrs, etc, how many years they have been undertaking the course and when they expect to complete it and when fees are payable.

2

The approval of each grant is entirely at the discretion of the Trustees and they reserve the right to decline any application which is received.

3

The Trustees are interested in the progress made by whanau undertaking courses and continuing their studies and would appreciate receiving details of progress that is made.