



Wi Pere®

Wi Pere Trust

# APPLICATION FOR EDUCATION GRANT SECONDARY SCHOOL

Years 9 - 13

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 students direct descandancy to the Wi Pere beneficial interest holder. All whakapapa must be certified by the Beneficial Interest Holder where applications are for grandchildren or greatchildren.*

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. Where the Beneficial Interest Holder is a life interest only, a whakapapa must accompany the application form showing the Students direct descandancy to the Wi Pere beneficial interest holder.

*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 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 HOLDER**

**8. NAME & ADDRESS OF SCHOOL STUDENT IS ATTENDING**

**9. DAY PUPIL OR BOARDER**

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

NAME

BANK ACCOUNT

**(PLEASE ATTACH VERIFIED BANK DETAILS - PRE-PRINTED DEPOSIT SLIP OR A COPY OF BANK STATEMENT IN NAME OF STUDENT OR SCHOOL THEY ARE ATTENDING).**

All information given is true and correct

SIGNATURE

DATE



Wi Pere Trust

## CERTIFICATE OF ENROLMENT

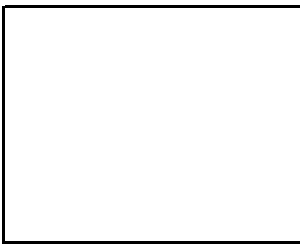
I HEREBY CERTIFY THAT

\_\_\_\_\_

(Christian Names)

(Surname)

IS ENROLLED AS A STUDENT AT THIS SCHOOL FOR THE 2025 YEAR



(School Stamp)

\_\_\_\_\_

(School)

\_\_\_\_\_

(Principal)

\_\_\_\_\_

(Date)

**THIS FORM MUST BE COMPLETED IN EVERY RESPECT AND IN THE HANDS OF  
THE SECRETARY, C/- P O BOX 169, GISBORNE BY 20TH MARCH 2025.**

### NOTES

- 1 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.
- 2 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.