



TERTIARY GRANT APPLICATION FORM

Tertiary Grants offered by CCL are available to Owners, descendants and whanau¹ (excluding spouse/partners) as recognised by Tauhara North No.2 Trust. Tertiary Grants are issued for services provided within New Zealand only.

FULL-TIME Tertiary Grant applications must be received by 31 March in the academic year the grant relates to.
PART-TIME Tertiary Grant applications may be made anytime throughout the academic year, up to 15 working days after the commencement of the course.

Panels where * is displayed MUST be completed

***Student applicant details** (Parent/Guardian must complete for applicants who are under 18 years of age)

First Name: _____ Surname: _____

Gender: M / F Date of Birth: ____ / ____ / _____ Age: _____ Profile Number (if known): _____

(Only complete details below if this is your first application or your details have changed since your last application)

Residential Address: _____

_____ Post Code: _____

Mailing Address if different to above: _____

_____ Post Code: _____

Email: _____

Daytime phone number: _____

Alternative daytime phone number: _____

If you are completing this form on behalf of an under-18 year old please complete the following:

Your name: _____

Your relationship to the applicant: _____

Your daytime contact phone number: _____

***Shareholder / Descendant Validation** (If applicable)

Name of Shareholder the applicant is linked to: _____

Shareholder Number (if known): _____

¹ "Whanau" includes registered individuals who are Whangai; legally adopted child of an owner or descendant; step child/grandchild etc of an owner or descendant.

CHARITABLE COMPANY LIMITED
(A subsidiary of Tauhara North No.2 Trust)



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*** Please tick the Tertiary Grant being applied for:**

- Full-time Tertiary Grant: \$1,100.00 (Full time study - full year)
- Part-time Tertiary Grant: \$ 550.00 (Full time study-part year/ Part time study-full year/ Part time study-part year)

***Tertiary Qualification Information**

Full Qualification name: _____

Name of Tertiary Institution: _____

Applicants must provide a copy of the Confirmation of Enrolment from the education provider with their application

***Course-related Costs**

Applicants must provide quotes and/or receipts for costs associated with the course of study up to the value of their grant.

Associated costs may include: Tuition Fees, Text Books, Computer products/services, Stationery.

***Payment details for applicant**

Amount Payable to: _____

Account Name: _____ Account Number: _____

**Please provide either a bank verified account number, deposit slip, or internet banking print out only if Charitable Company Limited does not already have the information.*

***Declaration:** *(Parent/Guardian must complete for applicants who are under 18 years of age)*

I hereby certify that the information in this application is true and correct to the best of my knowledge and belief.

I agree that the funds supplied will be used to cover costs associated with the qualification I have enrolled in

In signing this application I consent to CCL communicating with the education provider in relation to any aspect of this application.

Grant applicants full name (please print): _____

Signature: _____ Date: _____
(Parent/Guardian to sign if applicant is under 18 years of age)