



Application Type	Value
Schooling Years 1-8	\$75.00

### CRITERIA FOR SCHOLARSHIP

To apply for a Te Rūnanga o Whaingaroa Scholarship you must be:

- A registered beneficiary of Ngapuhi/Ngati Kahu ki Whaingaroa. (If you are not registered you can register by downloading and completing the form on [www.whaingaroa.iwi.nz](http://www.whaingaroa.iwi.nz))
- Be enrolled at an educational institute for a year
- Submit a completed application form with all required supporting documentation
- If you are over 18 years old, you will need to complete your own application form

### IMPORTANT INFORMATION

- Scholarship rounds:

Round	Year	Open	Close	Notification
Tahi	2024	1 May	15 June	20 July
Rua	2024	1 October	15 November	15 December

- Providing an incomplete or inaccurate application will extend the time required to process and pay your Scholarship
- Incorrect/Incomplete bank details will result in the funds being returned and default fees being incurred, which may be deducted from future Scholarships.
- You must advise the TROW Team of any changes to your application via [grants@whaingaroa.iwi.nz](mailto:grants@whaingaroa.iwi.nz)

### CHECKLIST

**Please ensure:**

The entire Scholarship Application Form is complete.

A parent, grandparent or guardian has signed and dated this Application Form.

Once completed, please return your Application to:

Email: [grants@whaingaroa.iwi.nz](mailto:grants@whaingaroa.iwi.nz)

Post: Scholarships, Te Runanga o Whaingaroa, PO Box 88, Kaeo, NORTHLAND 0448

For more information please see the Rūnanga website: [www.whaingaroa.iwi.nz](http://www.whaingaroa.iwi.nz)

## APPLICANT INFORMATION

### Personal Details for Child

First Names:		Surname:
Date of Birth:		Gender <input type="checkbox"/> Tama <input type="checkbox"/> Kōtiro <input type="checkbox"/> : _____

### Postal/Physical address

Home Address:		
Suburb:		City:
County:		Postcode:

### Contact Details:

Phone:		Mobile:
E-Mail:		<input type="checkbox"/> I DO NOT want my e-mail on the mailing list

Is the applicant a registered member of Te Rūnanga O Whaingaroa?  Yes  No Reg#: \_\_\_\_\_

## KEY CONTACT INFORMATION

This section is to be completed by the person who:

- We will engage with, where direct communication cannot be had with the applicant; and
- Is signing the application on behalf of the applicant

First Names:		Surname:
Date of Birth:		Gender <input type="checkbox"/> Tāne <input type="checkbox"/> Wāhine <input type="checkbox"/> : _____
Relationship to applicant:	<input type="checkbox"/> Parent <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian (Please provide proof of guardianship)	

Are you a registered member of Te Rūnanga O Whaingaroa?  Yes  No Reg#: \_\_\_\_\_

## EDUCATION PROVIDER INFORMATION

Name of Education Provider:		
Education provider contact number:		
Enrolment Option:	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time	
What type of learning centre is your child in? <input type="checkbox"/> Kura Kaupapa <input type="checkbox"/> Rūmaki <input type="checkbox"/> Mainstream <input type="checkbox"/> Bilingual <input type="checkbox"/> Kura ā iwi <input type="checkbox"/> Special needs services <input type="checkbox"/> Private school <input type="checkbox"/> Special Character School <input type="checkbox"/> Correspondence school <input type="checkbox"/> Other: _____		
What are the key factors you consider when choosing an education provider? <input type="checkbox"/> Class Size <input type="checkbox"/> Distance from home <input type="checkbox"/> Distance from work <input type="checkbox"/> Cost <input type="checkbox"/> Te Reo Māori <input type="checkbox"/> Decile Rating <input type="checkbox"/> Childs friends <input type="checkbox"/> Reputation <input type="checkbox"/> Hours <input type="checkbox"/> Family <input type="checkbox"/> Staff <input type="checkbox"/> Facilities <input type="checkbox"/> ERO Report <input type="checkbox"/> E Learning <input type="checkbox"/> Other: _____		
Was this education provider your first choice? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you happy with the overall quality of the Education Provider? <input type="checkbox"/> Excellent <input type="checkbox"/> Okay <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Unhappy		
I give consent for Te Rūnanga O Whaingaroa to contact the listed education provider within this application form to confirm enrolment and/or access to school reports. <input type="checkbox"/> Yes <input type="checkbox"/> No		

## EDUCATION AND LEARNING

What year level is your child in this year?

Year 1  Year 2  Year 3  Year 4  Year 5  Year 7  Year 8

Is your child boarding this year?

Yes  No

Is there anything else you can tell us about your child that you think would help support his/her learning? I.e. How was your child's school report last year? (Please attach if you have available)

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Our Iwi is looking for ideas to support ngā tamariki in education, and would appreciate any ideas you have.

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## TE REO MĀORI (OPTIONAL)

Is your child learning Te Reo Māori?

Ae  Kāhore

If Ae, can you indicate where

Spoken at home  Books  Internet  Online Apps  At a centre  Other: \_\_\_\_\_

If your child is not and you are wanting them to learn Te Reo Maori, what are the barriers for you?

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What type of Te Reo Māori resources would you support for you and your whānau to learn Te Reo.

Books  Online (Podcasts & Webinars)  Games  Apps  Waiata  Print material  Wānanga  Reo Classes  Kura Reo  Other: \_\_\_\_\_

## BANK ACCT. DETAILS

Payment made to?

My nominated account  Direct to education provider

Bank Account Name: \_\_\_\_\_

Bank Account Number:

Bank	Branch	Account	Suffix
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Bank Name: \_\_\_\_\_ Payment Reference: \_\_\_\_\_

## PRIVACY STATEMENT

Te Rūnanga o Whaingaroa is committed to protecting your privacy. All personal information (as defined in the Privacy Act 1993) that you provide in your application will be collected, stored and used by Te Rūnanga O Whaingaroa for purposes in connection with the assessment of your application:

1. The maintenance of whakapapa records, membership and Iwi database
2. The functions of Te Rūnanga O Whaingaroa
3. Keeping you updated on matters concerning your membership and the activities of Te Rūnanga o Whaingaroa
4. Planning and design of any future services, benefits or goods that Te Rūnanga O Whaingaroa may choose to provide; and
5. Any other purposes that Te Rūnanga O Whaingaroa considers beneficial to the Rūnanga ("Purposes").

Your personal information may be disclosed to a third party that provides services to Te Rūnanga O Whaingaroa in alignment with its core functions; and where authorised to by law. That disclosure will only be in connection with one or more of the above Purposes.

To update or correct the personal information concerning this Scholarship Application or if there are any questions concerning privacy, please contact:

Te Rūnanga O Whaingaroa

Cnr. Waikare Ave & State Highway 10

PO Box 88, Kaeo

Northland 0448.

## DECLARATION

I, the Parent/Grandparent or Guardian, declare that all the above information is true and correct. I understand that any application received by Te Rūnanga O Whaingaroa with incorrect, incomplete or misleading information may be rejected.

I have read and understand and accept the Privacy Statement. I agree and authorise Te Rūnanga O Whaingaroa to collect, use, store and disclose my personal information (as defined in the Privacy Act 1993) for the purposes set out in the Privacy Statement.

Parent/Grandparent or Guardian Name: \_\_\_\_\_

Parent/Grandparent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_