

WAIRARAPA MOANA

P O Box 2019, Kuripuni, MASTERTON 5842 Wairarapa Moana House, 4 Park Avenue, MASTERTON Phone: (06) 370 2608 0800 662 624 Email: trust@wairarapamoana.org.nz

POUTAMA FUND 2025

TERMS OF FUND

- 1. Applicants must be a descendant of an original Wairarapa Moana owner;
- 2. The Poutama Fund provides an opportunity to gain a qualification, ticket, or certificate to increase the applicant's chances of employment, promotion or similar recognition;
- 3. Applicants must be undertaking a course/training within New Zealand;
- 4. The Poutama Fund offers a one-off grant only;
- 5. The <u>maximum</u> amount available is \$1,000.00;
- 6. The grant is paid directly to the training provider on receipt of an acceptable invoice from the provider;
- 7. Recipients must undertake the course or training within three (3) months of being awarded the grant;
- 8. On completion of the course / training the recipient is required to provide all results to the Wairarapa Moana office;
- 9. The Poutama Fund is available throughout the year OR until all available funding has been allocated;
- 10. The fund is not available for tertiary or trades/apprenticeship applications that meet the criteria for the other Wairarapa Moana scholarships;
- 11. All decisions are final, there is no review process available.

Section A: APPLICANT'S DETAILS

Name:			
Address:			
Post Code:			
Date of Birth:			
Telephone: Male Female			
Email:			
Wairarapa Marae:			
Wairarapa Hapū:			
Wairarapa lwi:			
Section B: SUPPORT PERSON			
If you have a support person helping with this application, please provide their details.			
Name: Contact:			
Section C: COURSE/TRAINING INFORMATION			
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Section D.1: SUMMARY AND OUTCOME

Provide a brief summary of your course / training and how this grant will benefit your future. (Please add further pages if required).

Section D.2: ACHIEVEMENTS AND ASPIRATIONS

- 1. <u>Write an essay, minimum 600 words,</u> on one of the 139 original owners of Wairarapa Moana OR a descendant of an original owner. <u>THE ESSAY MUST NOT BE ONE YOU MAY HAVE PREVIOUSLY</u> <u>SUBMITTED.</u>
- 2. **PROVIDE A BRIEF AND PRECISE WRITTEN OUTLINE** of your involvement with hapū, marae and communities of Wairarapa Moana.
- 3. Educational Qualifications:
- 4. Other Qualifications:
- 5. Attach a copy of your most recent academic record.

Section E: SHAREHOLDER VERIFICATION AND DECLARATION

From which Wairarapa Moana ki Pouakani Incorporation shareholder do you descend from?

Name:

<u>DECLARATION</u>: As a current shareholder, I endorse this application and verify the whakapapa as outlined in the application. Applicants who are shareholders, cannot endorse their own application.

Shareholder Name (please print):

Shareholder Signature:

Section F: WHAKAPAPA

Please ensure you complete the whakapapa sheet attached.

Section G:	APPLICANT'S ENDORSEMENT		
I confirm that the information in this application is correct, and I will abide by the terms set out in the application.			
Applicant's Signa	ature:Date:		

Section H: CHECKLIST

Please check your application to ensure all sections have been completed and tick boxes below. Late or incomplete applications will not be considered.				
Section A – Applicant's Details Section B – Support Person	Section E – Shareholder Verification/Declaration			
Section C – Course/Training Information Section D – Summary and Outcome 1-2	Section G – Applicant's Endorsement			
PLEASE ENSURE ALL SECTIONS OF THE APPLICATION ARE COMPLETED COMPLETED APPLICATIONS CAN BE EMAILED TO: <u>trust@wairarapamoana.org.nz</u>				

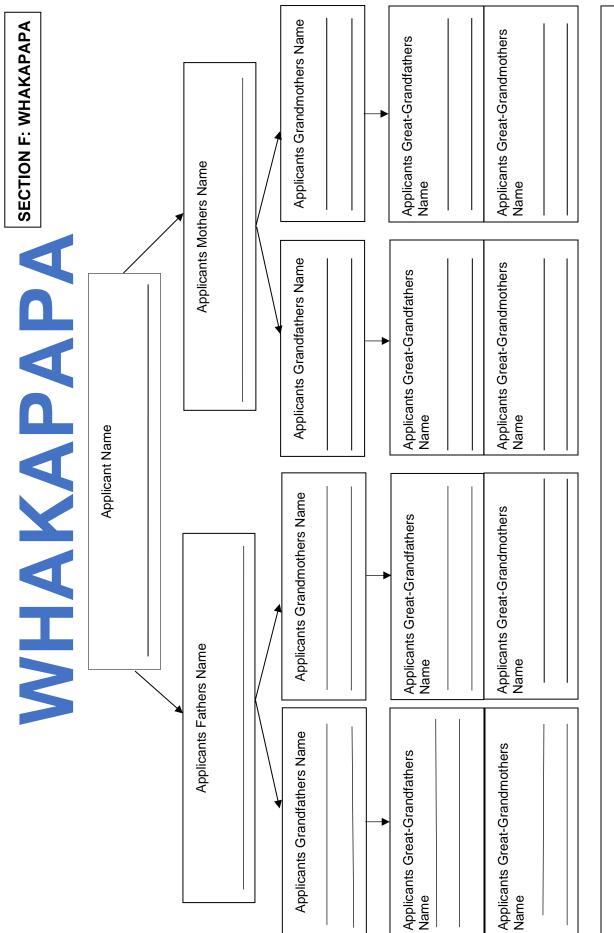
Applications are available from and are being received by:

 THE ADMINISTRATOR

 WAIRARAPA MOANA
 OR
 trust@wairarapamoana.org.nz

 P O BOX 2019
 KURIPUNI

 MASTERTON 5842
 VAIRARAPA



Clearly demonstrate your descent line from a shareholder of Wairarapa Moana ki Pouakani Incorporation

INVALID APPLICATION IF SECTION IS NOT FULLY COMPLETED