



Application No:

Educational grants
Secondary school, years 9-13
2025 application form

Please print your name in the box

For Office Use Only

Date Received

Year/Form

Amount Approved

Comments

.....

Return to – Accounting Solutions BOP Ltd

C/- 21 Pioneer Road

Ngongotaha

Rotorua

sheree@asbop.co.nz

By 4.30pm on Friday 30th April 2025



APPLICATION FORM

Instructions and Information for Applicants:

1. Please print neatly throughout this form.
2. Please answer all questions.
3. Ensure that all supporting information is supplied. Failure to supply information requested may result in your application being rejected as incomplete.
4. Do not send originals of your records.

Return to Accounting Solutions BOP Ltd – 21 Pioneer Road, Ngongotaha, Rotorua

sheree@asbop.co.nz

By 4.30pm on Friday 30th April 2025

Late applications will not be considered

SECTION A:

1. Name in full

Last name

First names

Age

2. Address

(i) Address for all communications

(ii) Phone number

Mobile

<input type="text"/>	<input type="text"/>
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3. a. At which Secondary School will you be enrolled in during 2025?

- b. What class / year are you in?

c. **To be completed by your school**

Please confirm the applicant is enrolled and
Attending the above school.

School Stamp

Signature of Form Dean

Date

Academic Record (Secondary School only)	Years Attended (from / to)	Highest Academic Qualification and Year Achieved

Please enclose a copy of your 2025 school report and most recent academic record and qualification.

SECTION B:

Provide details of your interests and achievements in non scholastic areas e.g. sports, community service organisations, cultural and musical pursuits.

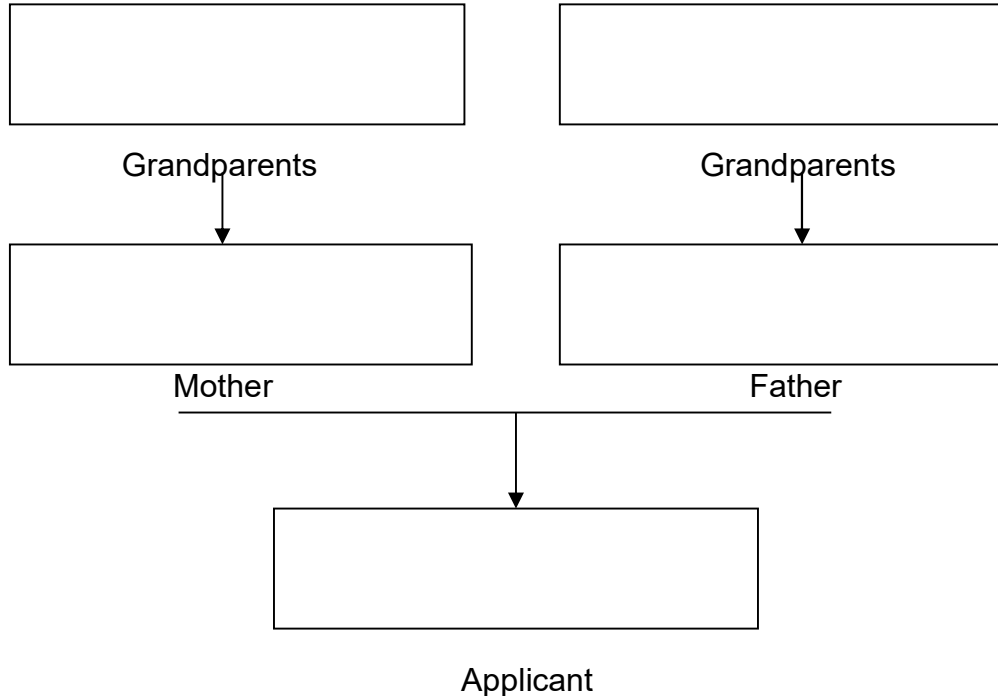
Comments:

Add any further comments, which may assist the Trustees in their consideration of this application.

SECTION C:

Whakapapa

- Please show clearly that you are a beneficiary of Hurakia Trust
- Please assist by providing complete information
- Verification by the sub-committee will be made



Please state your name as listed in the Share Register, or the name of the current shareholders in the Share Register you are descended from. If the shareholder is a Whanau Trust, then give the name of the Trust and have a Whanau Trustee sign below:

Shareholder number:

SHAREHOLDER or TRUSTEE

(please print)

SIGNATURE

RELATIONSHIP TO APPLICANT

DECLARATION

I declare that all information provided is true and accurate.

.....
(signature of Applicant or Guardian)

.....
(Date)

CHECK LIST

√ Please ensure:

- ☐ You have answered all questions
- ☐ Your school has completed Question 3.C
- ☐ You have signed the application
- ☐ Copies of Academic / Exam records are attached (copies only as originals will not be returned)
- ☐ Section C (Whakapapa) is complete
- ☐ Bank account details have been provided

NOTE:

1. *Failure to provide requested information may result in your application being rejected as incomplete.*

Bank account details

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Full name of account holder

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Bank

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Branch

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Account number

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.....
Please sign to verify this account is correct – or attach deposit slip/bank confirmation

Pursuant to the PRIVACY ACT 1993 the following is brought to your attention:

- (a) This application collects personal information about you.
- (b) The information is collected to evaluate your application for an Education Grant.
- (c) The intended recipients of the information are the trustees of Hurakia Trust, Waihaha 4.
- (d) The information is being collected and held by Hazel Cairns, Trustee, Hurakia Trust.
- (e) You have the right of access to, and correction of, this information subject to the provisions of the Privacy Act.