Ver: 12012025



Application Form for General Grants to Individuals

Name of applicant:		
Applying on whose behalf (<i>if</i> applicable)		
Shareholder or Trust name on the share register:		Shareholder No.
Guidelines		
The Whanganui Trust is fund	ed by Morikaunui Incorporation and from interest on i	ts invested funds being a mix

Unclaimed Dividends held on Trust and Accumulated Funds.

MISSION STATEMENT: The purpose of the Trust is to provide support for the educational and cultural activities on application from current Shareholders and Uri (descendants).

Scholarships and Education Grant applications are applied for on a separate form and are considered once a year. They must be in the office on a years specific application form by 31 March.

Note: The Trustees have absolute discretion as to whether to approve or decline any application.

Please note: (i) Only one General Grant will be awarded to any person within a financial year (July to June); (ii) all applications require, where applicable, proof of travel (for any travel related application), proof of inclusion for any school trip or team participation or proof of other costs to be incurred; and (iii) a short biography should also be supplied about the applicant's achievements to date and aspirations for the future.

Max o	Apply for one prant only by initialling
iviax y	a box
cialist \$2,0	00
\$50	00
ver) \$1,5	00
\$2,0	00
No current fundi	ng
No current fundi	ng
	cialist \$2,0 \$50 ver) \$1,5 \$2,0 No current fundii

Note: If travel is involved, proof of travel is required before a Grant is made. In other cases, proof of other costs incurred. Please also specify what other funding applications have been made.

Other Grant for Individuals

•	Emergency Kaumatua Home Repairs -	\$2,000	
	(Special criteria apply - see section 5, page 3) [Budget - \$5,000]		

Contact details

For all enquiries, please telephone 06 348 7218 or email rehara@morikau.nz. The Trust website is at www.morikau.com/trust.html

Send your application to: The Secretary, The Whanganui Trust, PO Box 641, Whanganui

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Office use only:				
Date received:				Receiver's initials:
alle received.				

Section 1	PERSONAL INFORMATION		
	<u>Applicant</u>	Recipient (if different)	
Surname:			
First Names:			
Are the contact details	Male/Female (circle one)	Male/Female (circle one)	
	□ of the Applicant? OR	□ of the Recipient?	
Postal address (all corres	pondence from The Whanganui Trust will b	pe sent to this address):	
Daytime Tel:	Mobile:		
- "			
Section 2	BANK ACCOUNT DETAILS (where Grant	t in to he naid)	
	(Recipient or Applicant only)	i is to be paid)	
Name of bank:			
Branch:			
Name of account holder:			
Account no:			
SHAREHOLDER DETAILS [Note: In the case of a trust being the shareholder, a trustee other than the applicant should sign this section.] Relationship of applicant to Morikau shareholder: Note: Applicants must be either a shareholder in Morikau, a direct descendant of a current shareholder, a beneficiary of a shareholding trust or a descendant of a shareholder who vested their shares in The Whanganui Trust. ("Self" is a valid answer above.) Declaration from the shareholder/trustee: Applicant: I hereby certify that [I am the shareholder] [the Applicant is my Son/ Daughter/ Mokopuna/ beneficiary of a shareholding trust or other {please explain]} (Delete where applicable.) Signed: Date: Date: Date: /20			
Section 4	BACKGROUND TO APPLICATION	m the grant is sought including how	
they are going to benefit f	detail as possible about the person for whou rom receipt of a Grant. A letter or other do This grant is <u>not f</u> or renovations.		
•	ou supply evidence of whatever trip or course that is the information sought is not all included with the ap	•	
Is this application being made subject to the supply of proof of payment for travel?			
		_	

Section 5

ENERGENCY KAUMATUA HARDSHIP HOME REPAIRS

Policy:

The Trust will consider applications from shareholder Kaumatua for emergency home repairs. The Trust's current budget is \$5,000 per year.

In signing this application the Applicant is declaring the following:

- a) You are a shareholder in Morikaunui Incorporation or a beneficiary of a trust that is a shareholder (details of which are included on the first page).
- b) You are sixty-five years old or over.
- c) You are the owner/long term occupier of the dwelling for which you are seeking assistance.
- d) You do not have the resources to fund this yourself and you have exhausted other avenues for financial assistance.

Grants will be made for repairs to leaking roofs, sewerage requirements, electrical wiring etc for which no other funding is available.

- All allocations are set at a maximum amount of \$2,000.
- Priority will be given to applicants where there are health and safety issues.
- Inspection of the dwelling will be undertaken by a Trustee or an appointed representative.
- The Trust will assist with any enquiries by the applicant to ensure there is no confusion regarding the allocation of this grant.
- At least two detailed quotations must be obtained with the maximum Grant being no more than the lower quote (if it is under the \$2,000 maximum and if the applicant has accepted the higher quote for whatever reason.)
- All alterations/repairs must comply with the local by-laws.
- Payments will only be made on production of copies of receipted invoice(s) or directly to the supplier.

Note: This grant is for emergency repairs and not improvements or upgrades to properties. **Please answer the following questions:**

Address of property:		
How many years have	e you owned it? years.	
Have any other applic	cations been/are to be made for assistance and if so,	to whom?
Thinks if other anni:		ill be no miles de best
success or otherwis	cations have been/are to be made (i) a declaration se before any payment is made by this Trust; and funding to the maximum approved. the essential repairs necessary; and (ii) the steps you	(ii) this Trust will pay
alternative funding. (3	Supply the detailed information in an attachment.)	
Quotations: From:		Amount
Quote 1 - item 1_		\$
- item 2 _		\$ \$ \$
- item 3		\$
- item 4_		\$
	TOTAL	\$
From:		
Quote 2 - item 1		\$
		\$
- item 3		\$
- item 4		\$
	TOTAL	\$

(Please ensure that copies of the quotes are supplied with your application.)

Send completed applications to: The Whanganui Trust, PO Box 641, Whanganui