



AOHANGA INCORPORATION

**APPLICATION FORM FOR EDUCATIONAL ASSISTANCE
FOR SCHOOL YEAR 2010**



Please fill in both sides of this form and return to PO Box 38, Dannevirke before 12 March. **Late** applications will not be considered. This form should be filled out in conjunction with the Aohanga Incorporation Educational Grants brochure.

Registered Office: MCI & Associates
6 Gordon Street
PO Box 38
DANNEVIRKE

Telephone: (06) 374-7059
Fax: (06) 374-7057
Email: aohanga@mcia.co.nz
www.aohanga.co.nz

PART 1:	<u>SHAREHOLDER DETAILS:</u>
Share holder Name: _____	
Shareholder No: _____	
Postal & Residential Address: _____ _____	
Contact Telephone Number: _____	

PART 2:	<u>STUDENT DETAILS:</u>
Name of Student: _____	
Address of Student (if different to that of Shareholder): _____ _____	
Date of Birth: ___/___/___	
Relationship to Shareholder: _____	

PART 3:	<u>GENERAL GRANT – (For Secondary School Student only)</u>
Class / Form this year: _____ Day Pupil: () Boarder: ()	
Previous application/s for this scholarship (Yes) (No)	
Give details as to need for assistance: _____ _____	

PART 4: TERTIARY GRANT or DEGREE SCHOLARSHIP

Are you applying for the **General Grant** or the **Aohanga Degree Scholarship** ?

Please circle one!
(Refer to the Educational Grants brochure for criteria)

Student's Postal Address: _____

Student Contact Telephone No: _____

Course/s: _____

Length of Course/s: _____

Give details as to the need for assistance: _____

Part 1 & 2 must be completed also.

PART 5: COLLEGE, UNIVERSITY, POLYTECHNIC, WANANGA TO BE ATTENDED

Name: _____

Postal Address: _____

Contact Telephone Number: _____

PART 6: DECLARATION

I declare that the information given on this application form is true and correct:

(Signature of Shareholder)

(Date)

PART 7: VERIFICATION OF ENROLMENT OR ATTENDANCE

I hereby verify that for the year 2010 _____

(Student's Name)

is enrolled full time at: _____

(Name of Establishment)

Signed: _____

(Principal)

Identification stamp mandatory.

