

For office use only: SHAREHOLDER #				

MANGATU BLOCKS INCORPORATION

266 Childers Road PO Box 420 GISBORNE Telephone: 06 869 0952 Email: education@mangatu.co.nz

APPLICATION FOR EDUCATION GRANT SECONDARY SCHOOL

CLOSING DATE:	Fully completed applications must reach the Secretary by <u>15TH MARCH</u> . Applications received after this date will not be considered. Please read this form carefully			
ELIGIBILITY:	To qualify for a grant the student should be a shareholder or child of a shareholder.			
SHAREHOLDER:	(Surname)			hristian Names)
STUDENT'S NAME:	(Surname)	(Christian Names)		
STATE RELATIONS (Please tick approprie	HIP TO THE STUDE	NT: Parent		Grandparent
SCHOOL ATTENDIN	NG:			GRADE/YEAR
OR BANK GENE	RATED VERIFICAT	TION OF THE NTO. PLEAS	BANK A	H A BANK DEPOSIT SLIP ACCOUNT NUMBER WHERE A SCREENSHOT OF YOUR D ACCOUNT.
Please attach a brief and type of course:	description of student	t's aspirations f	or the futu	ure. Eg. Polytechnic, University
SHAREHOLDER'S S	SIGNATURE		COI	NTACT NO
ADDRESS				
SCHOOL ATTENDA	NCE			
I certify that the above	enamed student is en	rolled and atter	nding as a	a fulltime student at this school.
		DEAN	/TEACHE	ER
(Sci	hool Stamp)			(Please Sign)

SEE CHECKLIST OVER PAGE! PLEASE ENSURE YOU SUBMIT PAGE 1 & 2

EDUCATION GRANT CHECK LIST - SECONDARY SCHOOL

Failure to complete the application form correctly will ensure your application will not be considered. Please use the following check list.

ENSURE THAT:	
-You have noted the closing date of 15 March	
-Completed the form so it is legible and will be returning both sides of the form	
-You have attached your VERIFIED bank details in full, including suffix numbers, please note that a screenshot off your mobile phone or any other device is not	
acceptable verification of your bank account details. (THESE DETAILS MUST BE RE/SUBMITTED EVERY YEAR YOU APPLY)	
-Included your contact details – email, mobile or landline #	
Please write the address where correspondence is to be posted/emailed to:	