HOKONUI MĀORI ENDOWMENT FUND

C/- Laina Niha
87 Burrows Street
BLUFF 9814

Application Information

1. How to apply

a. Step 1 – Fill in the Application Form

Fill in the Applicant Details section. The Applicant must be a ***Southland resident*** to be eligible to receive this grant. If applicable, also fill in the Parent/Guardian of Applicants under 18 years of age section. Take this completed part of the form to your school/college or tertiary/work-based learning (WBL) provider for them to complete the Student/Learner Details section, and then return to you.

b. Step 2 – Fill in the Whakapapa Information Form

Fill in the whakapapa information form for your Rakiura Māori Kaumatua, including their name and numbers. Whakapapa information also needs to be completed to the bottom of the page and in full from the Applicant to their great-great-great grandparent/s; refer to the notes regarding whakapapa. Once completed, fill in and sign the Declaration.

c. Step 3 – Write your Essay

Write an essay on the set topic and of appropriate length. This essay needs to be an original piece of writing. Also answer the added question with either Yes or No.

d. Step 4 – Send the completed form with all relevant documentation

Send your completed application form (including this page) and all other documentation to the address as given at the top of the Application Form. All applications need to be received, in hardcopy, by the end of the closing date, ***Monday, 30 September 2024***.

2. What you need to provide

Your completed application form needs to include ***all*** the following:

- ☐ Checked/ticked application information and checklist page
- ☐ Copy of your birth certificate
- ☐ Bank account verification (from you Bank)
- ☐ Completed Application Form
  - ☐ Student/Learner Details section completed and signed by an ***authorised personnel*** from the school/college or tertiary/work-based learning provider.

    Note: If on an apprenticeship or similar, the ***authorised personnel*** would be an employee of the work-based learning provider.
- ☐ Whakapapa Information Page
  - ☐ Completed in full and signed at the bottom
- ☐ Essay on 2024 Topic

Failure to comply with complete form filling and relevant documentation could result in your application not being actioned and/or delay in processing. Applications received after the closing date will not be accepted.

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Application is hereby made for the approval of the Trustee's to a grant from the Hokonui Māori Endowment Fund, and the following information is given in support. The Applicant must be a Southland resident to be eligible to receive this grant.

Applicant Details (Compulsory)

Name: _____
Mr / Mrs / Miss / Ms *(First Name(s))* *(Surname)*

Address: _____

Town: _____ **Post Code:** _____

Phone Number: _____ (home) _____ (mobile)

Email: _____

Signature: _____ **Date:** _____
(Applicant) *DD / MM / YYYY*

Parent/Guardian of Applicants under 18 years of age

Parent/Guardian Name: _____
Mr / Mrs / Miss / Ms *(First Name(s))* *(Surname)*

Address: _____

Town: _____ **Post Code:** _____

Phone Number: _____ (home) _____ (mobile)

Email: _____

Relationship of Applicant to person for whom grant sought ie Parent, Guardian _____

Declaration

I do solemnly and sincerely declare:

That, _____ , who is the Applicant, is my _____

and that their age is _____ years _____ months, and that I am responsible for their maintenance.

Signature: _____ **Date:** _____
(Parent or Guardian) *DD / MM / YYYY*

A **copy** of the Applicant's **full birth certificate** must be attached to this application.
(Do not send originals, as they will **not** be returned.)

Bank Account Details (Compulsory)

A **bank verified** account number, branch and account holder(s) name must be provided. Applications will not be processed without this information.

Student/Learner Details (Compulsory – completed by School/College or Tertiary/Work-based Learning Provider)

I hereby certify

That, _____, ***(name of student/learner)***,
who is to the best of my knowledge and belief referred to above,
is a student in Year _____ **or**
is a student/learner studying _____
at _____ ***(School/College or Training/WBL Provider)***,
and their progress and attendance are _____

Name: _____ **Position:** _____

Signature: _____ **Date:** _____
DD / MM / YYYY

Please list all Kaumatua and their number(s) showing your lineage to the original owners of Rakiura, and complete the Whakapapa Chart as attached.

Grants are available only to descendants of the original owners of Stewart Island, ie Rakiura Māori, and in considering applications the Trustee's have strict regard to the following definition taken from the Land Act Regulations Amendment No 3 1962/10 – "Rakiura Māori means a person who is a member of Ngāi Tahu Tribe or Ngāti Mamoe Tribe and is a descendant of the original Māori owners of Stewart Island". All Applicants for a grant are required to fill in and sign the Whakapapa information giving the name of the person for whom the grant is sought and the name of his/her parents, but thereafter tracing only the line of 'Rakiura Māori' descent as per the Whakapapa information form.

<u>Essay</u> (Compulsory)

We want our applicants to submit an essay of ***between 250 and 500 words*** as part of their application (a separate page can be used to write your essay). Each applicant essay needs to be an original piece of writing. The essay subject for 2024 is:

By 1864 (Deed of Cession), Rakiura Māori in Murihiku had been exposed to Pākehā influences, how would they have communicated, 1) within their hapū, and 2) with the Pākehā? Also, what would the impact have been on Te Reo Māori?

NB: Have you any objections to your essay being read by other people? Yes ☐ No ☐

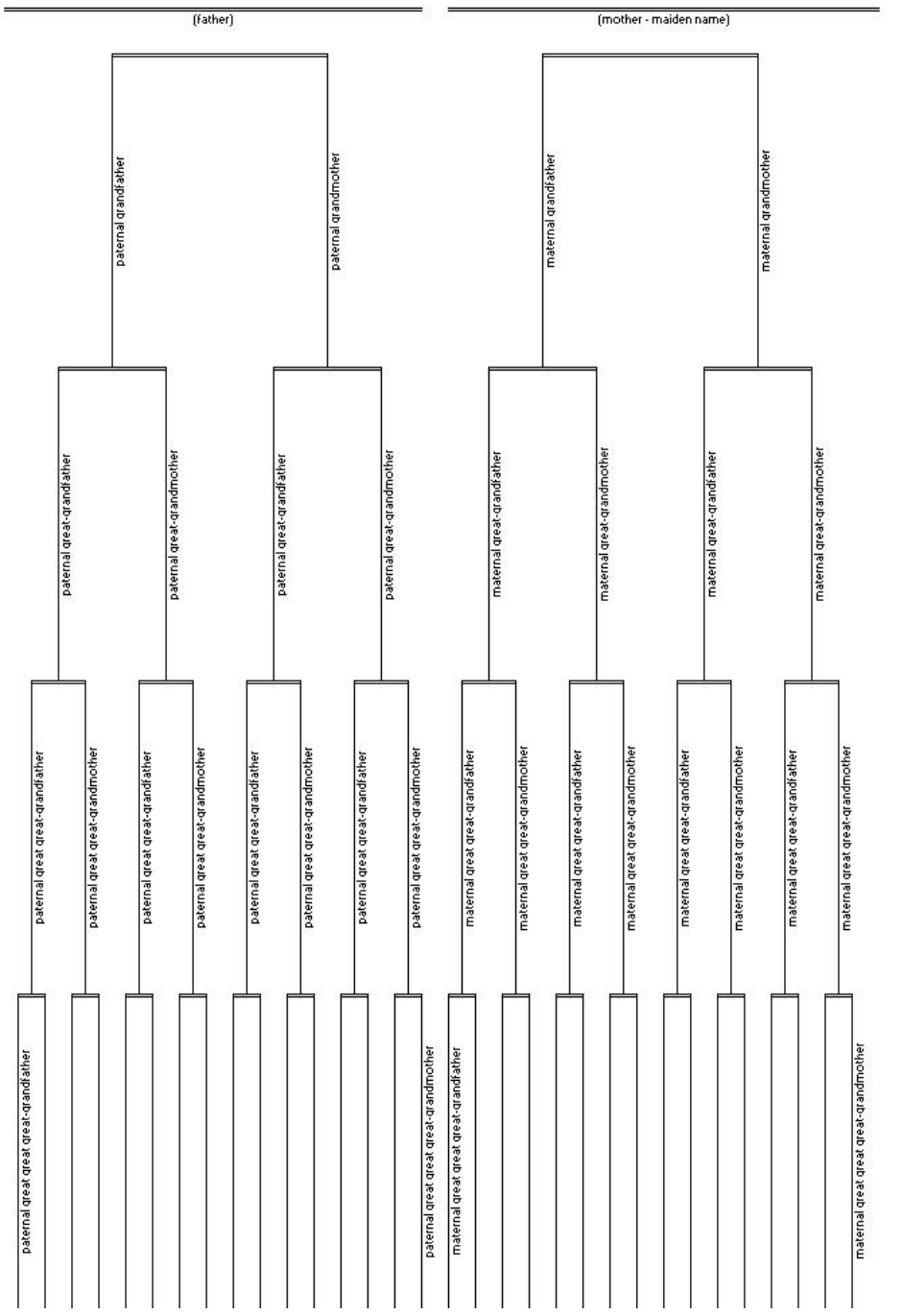
If unsure of your whakapapa contact 0800 Kai Tahu (Whakapapa Unit). Incomplete forms will not be accepted.

<u>Kaumatua Information</u> (Compulsory)

Kaumatua	Kaumatua Number	File Number	Kaumatua	Kaumatua Number	File Number
1			4		
2			5		
3			6		

<u>Whakapapa Information</u> (Compulsory)

Full name of Applicant



<u>Declaration</u>

I do solemnly and sincerely declare:

That the above information and Whakapapa attached showing that the Applicant, _____ (the person whom the grant is sought is Rakiura Māori) is correct.

I acknowledge that the information contained in this form provided by me to the Hokonui Māori Endowment Fund is subject to the Privacy Act 1993, and that by signing this form, I agree that the Hokonui Māori Endowment Fund may use this information to maintain its Whakapapa records, register, contact databases and any other purpose which the Hokonui Māori Endowment Fund considers reasonable, whilst performing its statutory role.

Signature: _____ **Date:** _____

(Parent or Guardian/Applicant if over 18 years) *DD / MM / YYYY*

For Use of the Trustee's

The Māori Trustee, Christchurch

a) Grant of $ _____ approved.

b) Grant not approved on the following grounds:

_____

_____

Office Use Only

☐ Date received _____
DD / MM / YYYY

☐ Date entered by _____
DD / MM / YYYY

Hokonui Trust Boards Trustee's Signatures

Name: _____

Signature: _____ **Date:** _____
DD / MM / YYYY

Name: _____

Signature: _____ **Date:** _____
DD / MM / YYYY

Name: _____

Signature: _____ **Date:** _____
DD / MM / YYYY

Name: _____

Signature: _____ **Date:** _____
DD / MM / YYYY

Name: _____

Signature: _____ **Date:** _____
DD / MM / YYYY

Name: _____

Signature: _____ **Date:** _____
DD / MM / YYYY