

Applicant Whakapapa (to the Owner in Tūaropaki or to the Tūpuna named in the Whānau Trust Order) (Ākonga/Student) (Whaea/Mother) (Matua/Father) (Koroua) (Kuia) (Koroua) (Kuia) (Koroua/Kuia Tuarua) (Koroua/Kuia Tuarua) **Owner/Trustee Details** Full Name: Address: Post Code: Phone: Mobile: **Email Address:** Both the applicant and the owner/trustee endorsing the application must sign this page Student Name: Owner/Trustee Name: Student Signature: Owner/Trustee Signature: Sign by Hand Date: Date: *This application needs to be endorsed by the current living owner or a Trustee of a Whānau Trust in the Tūaropaki Trust. If you (the applicant) are an owner then you must complete this section. **Owner Declaration** ☐ I endorse the applicant seeking a 2024 Tertiary Grant from Tūaropaki Trust ☐ I confirm the attached whakapapa □ I confirm the applicant has demonstrated to my reasonable satisfaction that s/he has obtained permission from the relevant whānau member(s) to submit their birth certificate(s) to Tūaropaki Trust as evidence of their whakapapa for this and any future applications. ☐ I give my consent for Tūaropaki to publish my name as the one endorsing the applicant in any Tūaropaki publication.