



**WAIRARAPA MOANA**  
*nurturing our taonga*

# WAIRARAPA MOANA TRUST

P O Box 2019, Kuripuni, MASTERTON 5842  
Wairarapa Moana House, 4 Park Avenue, MASTERTON 5810  
Phone: (06) 370 2608 0800 662 624  
Fax: (06) 370 2609 Email: trust@wairapamoana.org.nz

## POUTAMA FUND 2020

### TERMS OF FUND

1. Applicants must be a descendant of an original Wairarapa Moana owner;
2. The Poutama Fund provides an opportunity to gain a qualification, ticket, or certificate to increase the applicant's chances of employment, promotion or similar recognition;
3. Applicants must be undertaking a course/training within New Zealand;
4. The Poutama Fund offers a one off grant only;
5. The maximum amount available is \$1,000.00;
6. The grant is paid directly to the training provider on receipt of an acceptable invoice from the provider;
7. Recipients must undertake the course or training within three (3) months of being awarded the grant;
8. On completion of the course / training the recipient is required to provide all results to the Trust Office;
9. The Poutama Fund is available throughout the year OR until all available funding has been allocated;
10. The fund is not available for tertiary or trades/apprenticeship applications that meet the criteria for the other Wairarapa Moana scholarships;
11. All decisions are final, there is no review process available.

**Section A: APPLICANTS DETAILS**

Name: .....

Address: .....

.....Post Code: .....

Date of Birth: .....

Telephone: .....

Male

Female

Email: .....

Wairarapa Marae: .....

Wairarapa Hapū: .....

Wairarapa Iwi: .....

**Section B: SUPPORT PERSON**

If you have a support person helping with this application, please provide their details.

Name: ..... Contact: .....

**Section C: COURSE/TRAINING INFORMATION**

Name and address of Course/Training Provider:

.....

.....

Course/Training Title: .....

Course/Training Dates: Start: ..... Finish: .....

Course/training. Costs: .....

**Section D.1: SUMMARY AND OUTCOME**

Provide a brief summary of your course / training and how this grant will benefit your future. (Please add further pages if required).

**Section D.2: ACHIEVEMENTS AND ASPIRATIONS**

1. **WRITE A 600-800 WORD ESSAY** on a Wairarapa Moana Tipuna Marae OR a Kaumātua descended from Wairarapa Moana. **THE ESSAY MUST NOT BE ONE YOU HAVE PREVIOUSLY SUBMITTED.**
2. **PROVIDE A BRIEF AND PRECISE WRITTEN OUTLINE** of your involvement with hapū, marae and communities of Wairarapa Moana.
3. **Educational Qualifications:** .....
4. **Other Qualifications:** .....
5. Attach a copy of your most recent academic record.

**Section E: SHAREHOLDER VERIFICATION AND DECLARATION**

From which Wairarapa Moana ki Pouakani Inc. shareholder do you descend from?

Name: .....

**DECLARATION:**        **As a current shareholder, I endorse this application and verify the whakapapa as outlined in the application. Applicants who are shareholders, cannot endorse their own application.**

Shareholder Name (please print): .....

Shareholder Signature: .....

**Section F: WHAKAPAPA**

Please ensure you complete the whakapapa sheet attached.

**Section G: APPLICANTS ENDORSEMENT**

I confirm that the information in this application is correct and I will abide by the terms set out in the application.

Applicant's Signature: .....Date: .....

**Section H: CHECKLIST**

Please check your application to ensure all sections have been completed and tick boxes below.  
Late or incomplete applications will not be considered.

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Section A – Applicant’s Details  
Section B – Tertiary Institute Information  
Section C – Achievements and Aspirations 1-6  
Section D – Shareholder Verification

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Section E – Whakapapa  
Section F – Declaration  
Section G – Applicant’s Endorsement

**PLEASE ENSURE ALL SECTIONS OF THE APPLICATION ARE COMPLETED**

Applications are available from and are being received by:

THE SECRETARY-MANAGER  
WAIRARAPA MOANA TRUST  
P O BOX 2019  
KURIPUNI  
MASTERTON 5842

OR

THE SECRETARY-MANAGER  
WAIRARAPA MOANA TRUST  
WAIRARAPA MOANA HOUSE  
4 PARK AVENUE  
MASTERTON 5810

**SECTION F: WHAKAPAPA**

# WHAKAPAPA

Applicant Name _____			
Applicants Fathers Name _____		Applicants Mothers Name _____	
Applicants Grandfathers Name _____ _____	Applicants Grandmothers Name _____ _____	Applicants Grandfathers Name _____ _____	Applicants Grandmothers Name _____ _____
Applicants Great-Grandfathers Name _____ _____	Applicants Great-Grandmothers Name _____ _____	Applicants Great-Grandfathers Name _____ _____	Applicants Great-Grandmothers Name _____ _____

Clearly demonstrate your decent line from a shareholder of Wairarapa Moana ki Pouakani Incorporation

**INVALID APPLICATION IF SECTION IS NOT FULLY COMPLETED**