



**WAIRARAPA MOANA**  
*nurturing our taonga*

# WAIRARAPA MOANA

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@wairarapamoana.org.nz](mailto:trust@wairarapamoana.org.nz)

## POUTAMA FUND 2023

### **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 Wairarapa Moana 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: APPLICANT'S 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 Incorporation 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: APPLICANT'S 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 – Support Person  
Section C – Course/Training Information  
Section D – Summary and Outcome 1-2

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

Section E – Shareholder Verification/Declaration  
Section F – Whakapapa  
Section G – Applicant's Endorsement

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

Applications are available from and are being received by:

THE ADMINISTRATOR  
WAIRARAPA MOANA  
P O BOX 2019  
KURIPUNI  
MASTERTON 5842

OR

THE ADMINISTRATOR  
WAIRARAPA MOANA  
WAIRARAPA MOANA HOUSE  
4 PARK AVENUE  
MASTERTON 5810

**SECTION F: WHAKAPAPA**

# WHAKAPAPA

|   |   |   |   |
|---|---|---|---|
| Applicant Name _____                                    |   |   |   |
| Applicants Fathers Name _____                           |   | Applicants Mothers Name _____                           |   |
| Applicants Grandfathers Name<br>_____<br>_____          | Applicants Grandmothers Name<br>_____<br>_____          | Applicants Grandfathers Name<br>_____<br>_____          | Applicants Grandmothers Name<br>_____<br>_____          |
| Applicants Great-Grandfathers<br>Name<br>_____<br>_____ | Applicants Great-Grandfathers<br>Name<br>_____<br>_____ | Applicants Great-Grandfathers<br>Name<br>_____<br>_____ | Applicants Great-Grandfathers<br>Name<br>_____<br>_____ |
| Applicants Great-Grandmothers<br>Name<br>_____<br>_____ | Applicants Great-Grandmothers<br>Name<br>_____<br>_____ | Applicants Great-Grandmothers<br>Name<br>_____<br>_____ | Applicants Great-Grandmothers<br>Name<br>_____<br>_____ |

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

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