



WAIRARAPA MOANA
nurturing our taonga

WAIRARAPA MOANA

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

POUTAMA FUND 2026

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:

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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 an essay, minimum 600 words, on one of the 139 original owners of Wairarapa Moana OR a descendant of an original owner. THE ESSAY MUST NOT BE ONE YOU MAY 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.

Section A – Applicant's Details

Section B – Support Person

Section C – Course/Training Information

Section D – Summary and Outcome 1-2

Section E – Shareholder Verification/Declaration

Section F – Whakapapa

Section G – Applicant's Endorsement

PLEASE ENSURE ALL SECTIONS OF THE APPLICATION ARE COMPLETED

COMPLETED APPLICATIONS CAN BE EMAILED TO: info@wairarapamoana.org.nz

Applications are available from and are being received by:

THE ADMINISTRATOR

WAIRARAPA MOANA

P O BOX 2019

KURIPUNI

MASTERTON 5842

OR

info@wairarapamoana.org.nz

WHAKAPAPA

SECTION F: WHAKAPAPA

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

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

INVALID APPLICATION IF SECTION IS NOT FULLY COMPLETED