

Māori & Pacific Childcare Grant Application

This grant is to assist fully enrolled Māori and Pacific students at Ara while their programme of study is in progress with the unsubsidised portion of their childcare costs at any licensed childcare centre or facility. Assistance given will be up to NZ\$1,000 per year per family.

Eligibility

To be eligible to apply for this grant you must meet all of the following conditions:

- Evidence of financial need
- Evidence of any assistance you currently receive for childcare, eg WINZ etc
- Applicants for this scholarship must be Māori or Pacific New Zealand citizens or permanent residents

Please complete the personal statement with details of your career goals, and why you are requesting assistance with your childcare fees.

Information for applicants

When you have completed this application, deliver it to your nearest Student Support or email to: learnersupport@ara.ac.nz

You must attach an invoice from the childcare centre.

Applicants must be fully enrolled in study at Ara. "Fully enrolled" means that all courses within your current programme of study have been paid by student loan or other means.

The grant is available to assist students with childcare costs. A maximum of up to \$1000 per family will be awarded per year dependant on credits studying. Successful applicants will receive assistance with their childcare costs during the current study period only.

If this is your first year in your programme of study, then your application will not be processed until you have been attending for at least 4 weeks. This is so we can check on your attendance.

The personal information you provide in this application will be treated in accordance with the Privacy Act 2020. It will only be used for the purpose of assessing your application for a grant. As stated in the applicant's declaration, your personal information will be held confidential to Ara.

A) Personal Details

Student ID:

DOB:

dd/mm/yy

Last name:

First name(s):

Address:

Email:

Mobile:

Gender:

Male

Female

Diverse

Citizenship:

NZ citizen or permanent resident

Iwi:

Pacific:

Vanuatu

Raratonga

Kiribati

Samoa

Tonga

Fiji

Cook Island

Niue

Tokelau

Papua New Guinea

Solomon Islands

Other

Name of programme:

Are you:

Full-time

Part-time

B) Childcare Information

Name of child/ren:

Hours in childcare per week:

Childcare/Oscar Centre name:

Address:

Phone:

Email:

Dates of childcare

enrolled for: Start date:

End date:

Full time

Part time

Sessions per week (*if part time*):

Morning:

Afternoon:

Subsidies - provide details of any subsidies you are eligible for.

Total childcare fee per week

Total subsidies per week

Total shortfall

C) Financial Statement

Please provide a list of your family's weekly income and expenses.

D) Personal Statement

Please provide a statement on what you hope to achieve from your study and any details to support why you are requesting assistance with your childcare fees.

Personal Information and the Privacy Act

The personal information you provide in your grant application is protected by Ara policies and the Information Privacy Principles. The information will only be used to determine whether or not you will receive the grant. It will only be disclosed to the small group of staff who have the responsibility for making decisions about grants. The information will not be transferred to your student file or held anywhere else at Ara. Unsuccessful applications will be destroyed within six months of the decision on the grant or the end of any appeal period. Details on successful applicants will be held for seven years to comply with tax regulations. You have the right of access to all personal information Ara holds about you unless there is a statutory reason for withholding it.

Declaration

I confirm that:

- | | | |
|---|-----|----|
| • The information set out in this form is true, accurate and complete. | Yes | No |
| • I understand that the information supplied on this form will be held by Ara and kept confidential by the Ara selection panel and authorised staff of Ara. | Yes | No |
| • I understand that the decision of the selection panel is final and no correspondence will be entered into. | Yes | No |

Signed:

Date:

Office Use Only

Authorised by name:

EFTS:

Signature:

Amount of grant awarded:

Position:

Date approved: