

Appendix IV: ASB & Te Whare Wānanga O Awanuiārangi Hardship Statement Form

1. Applicants Personal Details

Legal first names: _____

Surnames: _____

Te Whare Wānanga o Awanuiārangi ID (if known): _____

Gender: _____

2. Contact Details

Street/Postal/Rural Delivery Number: _____

Street Name: _____

Suburb: _____

Town/City: _____

Phone (landline): _____

Phone (mobile): _____

Email: _____

3. Ethnicity and affiliations

Ethnicity 1: _____

Ethnicity 2: _____

Iwi Affiliation 1: _____

Iwi Affiliation 2: _____

Iwi Affiliation 3: _____

4. Please describe what your financial need is.

Notes:

1. Financial need must fall under one of the following four categories to be considered: food, accommodation, travel or medical, in relation to your study

2. Attach any relevant documentation to support your financial need described.

Disclosure of Information

I declare the above information to be true and correct to the best of my knowledge.

Signed _____ Date _____