

# Māori & Pacific Trades Training (MPTT) Learner Support Fund Application



The purpose of the Ara MPTT Learner Support Fund is to assist eligible students whose continued study would be threatened by financial circumstances.

Student ID number

Surname or family name

Given name(s)

## A Student Advisor will help you to verify whether you meet the criteria.

This student is funded as an MPTT (SoF29) student.	Yes	No
Programme dates: Start: _____ End: _____		
This student is Māori (He Toki) or Pacific..	M	P
You must have attended your course for a minimum of <b>two (2) weeks</b> before applying. Your attendance will be checked and it must be regular to be eligible for assistance.	Yes	No
You must have completed a plan that identifies your goals and needs. This will include prioritising your financial expenses relating to study and work/apprenticeship. Do this with a student advisor and submit it with your application.	Yes	No

### Note: There is a maximum amount of assistance each student can access per year (\$730 p.a.).

Please see Student Central at your campus or email: [studentsupport@ara.ac.nz](mailto:studentsupport@ara.ac.nz), phone 0800 24 24 76.

1 Submit the completed application form to Student Central or via the email above.

2 Please make sure you bring the following with you:

- a recent full bank statement on all your accounts showing the last 30 days' activity, including your credit card account and any joint accounts (an ATM printout will not be sufficient)
- a completed Budget form (attached)
- your Pathway Plan

Every application will be assessed according to criteria outlined on [ara.ac.nz](http://ara.ac.nz).

Where possible you will be contacted within two working days.

Learner Support Fund Transactions			For office use only
Date	Amount	Description	Total to date

## Your details

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Programme/course

Address

Telephone

Home

Mobile

Email

Gender

Female

Male

Date of Birth

Citizenship

New Zealand Citizen

New Zealand Permanent Resident

Other

Ethnicity

Iwi

Marital status

Single

Married

De Facto

Dependent children

No

Yes If yes, list their ages

## Financial situation

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Have you received any Ara grants so far this year?

Yes

No

Have you had any TEC grants before (ie tools grant, Restart)?

Yes

No

Do you have a student loan this year?

Yes

No

Is your full entitlement established and all available credit (living costs, course related costs etc) drawn down?  
You may choose to use your Learner Support Fund before drawing down course related costs.

Yes

No

Have you applied for assistance with this expense from StudyLink (WINZ)?

Yes

No

Do you have a student banking package with an overdraft facility?

Yes

No

Have applied to any other source to cover these expenses?

Yes

No

Do you currently have regular paid employment?

Yes

No

Considering your course commitments, do you intend looking for work?

Yes

No

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Please outline your priorities for use of the Learner Support Fund and approximate timing for when you will need it.

You may wish to consider the following costs: travel expenses; uniform/PPE gear; tools for your trade (knives, stethoscope, trade tools); computer/internet expenses; textbooks; medical clearance tests (health professionals); first aid course fees; other living costs.

Priority	Description	Amount	Approximate date of need

**\* Attach your pathway plan**

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Are you attending classes regularly and are your assessments up to date?

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**I hereby declare that the information that I have given is true and correct; no information which could have a material bearing on my application has been withheld. I understand the making of a false declaration is an offence under the Crimes Act 1961.**

**The personal information you provide on this application is protected by the Privacy Act 1993.**

It will not be used for any purpose other than assessing your eligibility for an Ara MPTT Learner Support Fund and for compiling statistics.

**By signing this application, I agree to Ara collecting information about my student loan/allowance and/or benefit from StudyLink/WINZ if required, for the purpose of this application.**

Signed

Date

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# Budget Form

Name \_\_\_\_\_

Date \_\_\_\_\_

**When you are completing this budget form, please include all income sources, eg including your partner/spouse if applicable, and list the total expenses.**

How many adults/children does this budget cover?

Adults \_\_\_\_\_

Children \_\_\_\_\_

## HOUSEHOLD INCOME

Wages/salary  
Income Support payments  
Other income  
**Total income**

	Monthly	Weekly
Wages/salary		
Income Support payments		
Other income		
<b>Total income</b>	<b>\$</b>	<b>\$</b>

## TRAVEL COSTS

Fares (eg bus, train)  
Petrol/fuel  
Car insurance  
Car registration  
Car warrent of fitness  
Car maintenance/repairs  
**Total travel costs**

	Monthly	Weekly
Fares (eg bus, train)		
Petrol/fuel		
Car insurance		
Car registration		
Car warrent of fitness		
Car maintenance/repairs		
<b>Total travel costs</b>	<b>\$</b>	<b>\$</b>

## GENERAL COSTS

Alcohol/cigarettes  
Entertainment  
Childcare  
Hire purchase/s  
Bank fees  
Club fees/subscriptions  
Donations  
Fines  
Court required payments  
Other (please specify)  
**Total general costs**

	Monthly	Weekly
Alcohol/cigarettes		
Entertainment		
Childcare		
Hire purchase/s		
Bank fees		
Club fees/subscriptions		
Donations		
Fines		
Court required payments		
Other (please specify)		
<b>Total general costs</b>	<b>\$</b>	<b>\$</b>

## HOUSEHOLD COSTS

Rent/board  
Mortgage  
Groceries  
Power  
Gas  
Phone (landline/mobile/internet)  
Rental of goods  
Rates  
House maintenance  
Household goods  
Insurance (house/contents)  
**Total household costs**

	Monthly	Weekly
Rent/board		
Mortgage		
Groceries		
Power		
Gas		
Phone (landline/mobile/internet)		
Rental of goods		
Rates		
House maintenance		
Household goods		
Insurance (house/contents)		
<b>Total household costs</b>	<b>\$</b>	<b>\$</b>

## FAMILY COSTS

Child support payments  
School fees/donations  
School uniforms  
Medical costs  
Dental costs  
Prescription costs  
Pet registration  
Veterinary fees  
Clothes and shoes  
Holidays  
Gifts  
Life insurance/superannuation  
**Total family costs**

	Monthly	Weekly
Child support payments		
School fees/donations		
School uniforms		
Medical costs		
Dental costs		
Prescription costs		
Pet registration		
Veterinary fees		
Clothes and shoes		
Holidays		
Gifts		
Life insurance/superannuation		
<b>Total family costs</b>	<b>\$</b>	<b>\$</b>

	Monthly	Weekly
Total household income		
Total household costs		
Total travel costs		
Total general costs		
Total family costs		
<b>Total household surplus/shortfall</b>	<b>\$</b>	<b>\$</b>

Note: Figures on the budget advice form have been supplied by the student. Ara takes no responsibility for their accuracy.