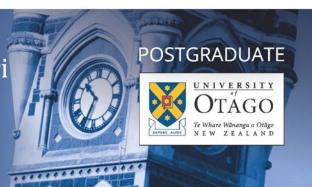
Te Kura Mātai Rongoā-Koiora pepa tonoa karahipi tāura Māori

School of Biomedical Sciences Māori Postgraduate Scholarship

Application



By 5:30pm on the 15th of February, applicants must email their application to Student Administration (Scholarships): **scholarships@otago.ac.n**z

The application must include the following:

- Completed Application Form
- Academic record (not required for current University of Otago Students)

Student ID Number (Otago students only, from your ID card)
Surname
First Names
Email Address
Phone Number
Intended Postgraduate Programme
The Department in which you will conduct your 400-level studies
Whakapapa Iwi Hapū Marae
Supervisor and General Research Question, if known (50 words max)

Whakarāpopoto mai au mahi me ētahi o au kaiārahitanga ki roto i nga hapori Māori me nga rōpū whakahaere Māori hoki.			
Involvement and any leadership with Māori communities and organisations (500 Words Max)			

Whakarāpopoto mai o pīrangi me o here ki te mahi rangahau.			
Please outline your interest in and commitment to research (500 Words Max)			
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PRIVACY STATEMENT

- The information provided in your application and your academic record will be used for the purposes of assessing your application for the scholarship for which you have applied.
- The Scholarships Administrator may obtain, for purposes related to your application any personal information about you held by the Academic or Finance Sections of the University (including academic records, enrolment information and scholarship information).
- Applicants shall agree to co-operate with any publicity of the scholarship for which they have applied. Such publicity may include material provided with your application, photographs and interviews with scholarship recipients.

DECLARATION

- I have read and understood the privacy statement above and agree to its conditions.
- I have read the regulations for the Scholarship and agree to abide by them.
- I declare that, to the best of my knowledge, all the information supplied in and attached to this form is true and correct.
- I accept that providing false and incomplete information may result in facing penalties including, but not limited to, the loss of any scholarship awarded.

APPLICANT SIGNATURE	_DATE		
SUPERVISOR / HEAD OF DEPARTMENT TO COMPLETE			
I confirm that this candidate is a strong candidate for this scholarship, that they have been accepted into the programme and that I have agreed to be their supervisor.			
SUPERVISOR NAME:	_		
SIGNATURE:	_ DATE:		
HoD NAME:	_		
HoD SIGNATURE:	_ DATE:		