

Āwhina Scholarship Application Form



University
of Otago
ŌTĀKOU WHAKAIHU WAKA

Please submit this application form, alongside any additional required documents, **by 5:30pm on 31 March**.

Applications must be submitted by email to otagomedicalschool@otago.ac.nz.

In addition to this application form, please submit the following:

- Academic Record for any tertiary study undertaken outside of the University of Otago
- Academic Reference Letter (to be emailed separately by your chosen referee by the application deadline)

Applicant Details

Please select if you are applying for the Māori or Pacific category of this scholarship:

Māori

Pacific

Student ID Number (current University of Otago students only)

Surname

First Names (please underline your preferred name)

Date of Birth

Email Address (your University of Otago student email address is preferred)

Address

Phone Number

What Programme of Study are you enrolled/enrolling in for the Year of Award?

Are you a New Zealand Citizen or Residence-Class Visa Holder?

Yes

No

Referee Details

Please fill in your chosen referee's details below **and** arrange for your referee to email their reference letter to scholarships@otago.ac.nz by 5:00pm on the above application deadline.

Name

Job Title/Relationship with Applicant

Email Address

Phone Number

Please describe your involvement in, and commitment to, your Māori or Pacific community *(500 Words Max)*

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_____