

Āwhina Scholarship Application



By 5:30pm on 31 March, applicants must email their application to: otagomedicalschool@otago.ac.nz

The application must include the following:

- Completed Application Form (including statement demonstrating community involvement)
- Academic Reference Letter
- Academic Record (not required for current University of Otago Students)

Student ID Number: *(Otago students only, from your ID card)*

Surname:

First Names:

Address:

Email Address:

Phone Number:

Date of Birth:

NZ Citizen or Permanent Resident:

Yes

No

Programme of Study:

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.

SIGNATURE _____ DATE _____

Referee *(Information provided by the applicants and/or their referees will be kept in the strictest confidence)*

Please attach your academic reference letter to your application, or arrange for your referee to send their letter to otagomedicalschool@otago.ac.nz by the application closing date above.

Full Name:

Position Title:

Email Address:

Phone Number:

Statement: please describe your involvement in, and commitment to, your Māori or Pacific community
(500 Words Max. Continue on next page if needed)

