

# University of Otago Faculty of Medicine Freemasons Scholarships in Paediatrics and Child Health



Applications are invited for Research Scholarships for 2027 from individuals who intend long term to pursue work in Paediatrics or Child Health within New Zealand.

Applications must be submitted electronically to [hrs@otago.ac.nz](mailto:hrs@otago.ac.nz)  
by: **Monday 20<sup>th</sup> July 2026 at 5pm.**

These **Scholarships** are intended to provide support to a scholar whose programme of work or research would lead to a higher degree and whose work is within the field of Paediatrics & Child Health.

1. This form is for applicants who are or intend to enrol in a higher research degree.
2. Scholarships are to be awarded annually and be for a duration of one year. Applicants who wish to extend their Scholarship must submit a second application for assessment accompanied by a satisfactory progress report.
3. Scholarships are tenable in one of the Departments of Paediatrics and Child Health of the University of Otago, Faculty of Medicine (FoM) except when the Selection Committee approves an attachment to another Department of the said University or exceptionally, in an overseas institution.
4. For recipients enrolled full time in a higher degree, the value of a scholarship awarded is expected to be a tax-free stipend of \$40-80,000 including fees depending on the background training of the recipient. Part-time scholarships will be considered.

A salaried **Training Fellowship** or **Research Fellowship** may be considered for the right candidate. More detailed applications will be required from Fellowships applicants. Please see the attached regulations and contact [hrs@otago.ac.nz](mailto:hrs@otago.ac.nz) for more details.

**Full regulations are attached.**

### Scholarship Application process

Please complete all sections on the application form below, and attach:

- **your current Curriculum Vitae**  
<https://www.hrc.govt.nz/resources/hrc-standard-cv-template>
- **a letter of support from your supervisor** including confirmation of any budgetary implications for the research group or department and how these will be handled.
- **a signed statement of support from the relevant FoM Head of Department** confirming that they are aware of this application and support it. Additionally, they must confirm that the Department has the resources and infrastructure to enable this project to be successfully carried out.

Preliminary information and advice may be obtained from:

Professor Ben Wheeler Dept. of Paediatrics & Child Health Faculty of Medicine - Dunedin PO Box 56 DUNEDIN ben.wheeler@otago.ac.nz	Professor Tony Walls Dept. of Paediatrics & Child Health University of Otago, Christchurch PO Box 4345 CHRISTCHURCH tony.walls@otago.ac.nz	Professor Esko Wiltshire Dept. of Paediatrics & Child Health University of Otago, Wellington PO Box 7343 WELLINGTON esko.wiltshire@otago.ac.nz
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**All other enquiries to:** Health Research South  
Email [hrs@otago.ac.nz](mailto:hrs@otago.ac.nz)

**Application Form follows. Please delete the information above.**

University of Otago Faculty of Medicine  
Application for Freemasons Postgraduate Scholarships in  
Paediatrics and Child Health



Applications must be submitted as one PDF file and emailed to: [hqs@otago.ac.nz](mailto:hqs@otago.ac.nz)

**Application deadline: 5pm Monday 20<sup>th</sup> July 2026**

*Notes in blue are provided to help you complete this application & can be deleted.*

**Personal Information**

**Full name:** \_\_\_\_\_  
*Surname* *Given names*  
*(Please highlight the name by which you wish to be known)*

**Email address** \_\_\_\_\_ **Student ID** \_\_\_\_\_

**2027 Intended Enrolment Details**

**Degree:** \_\_\_\_\_

**Commencement date:** \_\_\_\_\_ **Expected completion date:** \_\_\_\_\_

**Project title:** \_\_\_\_\_

**Department:** \_\_\_\_\_

**Supervisor(s):**

*(Name, Department)*

In 2026, I will be enrolled in the above research degree

Full-time     Part-time     Full-year     Part-year

**Comments:**

*(Please note any employment or other positions of emolument to be held concurrently with the Scholarship)*

**Qualifications & Eligibility**

**Postgraduate & undergraduate qualifications** *(add more rows if necessary)*

Qualification	Institution	Start/end dates

**Application details**

**I am applying for a scholarship for** \_\_\_\_\_ **full-time/part-time** \_\_\_\_\_ **study**  
**starting on the** 1st January 2027 **until** 31st December 2027 *(edit if required)*  
**Lay Summary of Research (150 words).**



**Have you previously held a Freemason NZ Fellowship/Scholarship?**       No       Yes  
**If yes, please provide the term, and provide a detailed account of progress to date below.**  
*Maximum half an A4 page.*

**Outline any other scholarship funding that you have received, applied, or intend to apply for relating to this degree.**

*The detail in the table below is provided merely as an example*

<b>Scholarship</b>	<b>Tuition/stipend provided</b>	<b>Status</b>	<b>Date result expected</b>
<i>Example Scholarship application</i>	<i>\$10,000 Stipend only</i>	<i>Application</i>	<i>End of August 2001</i>
<i>Example Scholarship</i>	<i>\$10,000 Stipend and tuition fees</i>	<i>Awarded Jan 2023-Dec2023</i>	<i>n/a</i>

#### Attachment checklist

- Your Curriculum Vitae <https://www.hrc.govt.nz/resources/hrc-standard-cv-template>
- Signed support letter from your supervisor, including notes on budgetary implications.
- Signed support statement from the relevant FoM Head of Department

#### Signatures

By signing this application, you are confirming that you are committed to fulfilling all requirements and informing Health Research South if your circumstances change.

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_