



FACULTY OF HEALTH AND ENVIRONMENTAL SCIENCES
POSTGRADUATE FEE SCHOLARSHIP APPLICATION FORM

Please note: One paper copy and one electronic copy of this application form and the relevant attachments are to be submitted to the AUT Scholarships Office, WB102, Level 1, WB Building, Wellesley Campus (scholarships@aut.ac.nz), by the closing date.

Date of application	
Type of Scholarship *	Standard <input type="checkbox"/> Equity: Maori <input type="checkbox"/> Pacific Island <input type="checkbox"/> Disabled <input type="checkbox"/>

* Applicants may be eligible to apply for both the standard and the equity dimension

SECTION A: All applicants to complete

1. APPLICANT DETAILS AND ENROLLMENT STATUS

AUT Student ID			
Surname		Given names	
Address			
Telephone		Mobile phone	
E-mail			
Ethnicity			
Tick one of the following boxes as appropriate Full-time student <input type="checkbox"/> Part-time student <input type="checkbox"/>			
Have you been enrolled at AUT previously?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, indicate dates: (month/year to month year)	
2012 Programme enrolment Indicate the programme of study in which you are enrolling for 2012			
Qualification enrolled for: <i>Coursework papers</i> (if you are a thesis student, delete this section and go to the next line: 'thesis paper')	<input type="checkbox"/> DHSc (coursework only) <input type="checkbox"/> BHSc (Hons) <input type="checkbox"/> MAppSci <input type="checkbox"/> MPH <input type="checkbox"/> MPhil <input type="checkbox"/> PG Dip <input type="checkbox"/> Other (please state which)	List paper codes and points	• • • •
indicate semester	<input type="checkbox"/> S1 <input type="checkbox"/> S2 <input type="checkbox"/> S1 and S2		
Thesis paper (if you completed the 'coursework papers' section above, delete this line and go to the next section, below)	<input type="checkbox"/>	Paper code and points (60, 120, 240)	•

**SECTION B: To be completed by thesis and dissertation students only
Coursework only students proceed to section C**

Has your PG 1 been approved by the FHES Postgraduate and Research Committee?

Yes. Date of approval: _____

No. Date of submission to FHES Postgraduate and Research Committee: _____

Now proceed to section D

**SECTION C: To be completed by DHSc coursework students only
Other students proceed to section D**

What is the date of approval of your D2 by the FHES Postgraduate and Research Committee? _____

Please provide confirmation of this approval

SECTION D: To be completed by all students

1. PRIOR ACADEMIC ACHIEVEMENTS

All applicants: Attach copies of your undergraduate and graduate records (academic transcript) detailing courses taken and grades attained. Please include a copy of evidence of any study outside the AUT during the same (under)graduate period, (transcribed into English if applicable). Please **do not** attach copies of your Certificates, just your grades (unless the grade list is on the reverse of the Certificate)

Those students who's transcripts are more than 5 years old: you must also provide a short CV of not more than one A4 page in 11 point font, excluding graduate record transcripts) describing your academic achievements. You should include details of qualifications (year obtained and institute), any scholarships, awards, honours, prizes you may have (had), professional memberships and your publication record.

Students applying for the equity dimension – Maori - proceed to Section E

Students applying for the equity dimension – Pacific Island - proceed to Section F

Students applying for the equity dimension – disability - proceed to Section G

All other students proceed to section H

SECTION E: Only to be completed by applicants for the equity dimension – Maori descent

1. Korowai Maori

Please list your main: Iwi _____

Hapu _____

Marae _____

2. Whakapapa

Matua Tane - father

Koroua _____ Kuia _____

Whaea - Mother

Korou _____ Kuia _____

Kaitono – Applicant _____

3. Endorsement:

You must now get a Kaumatua, AUT Maori Liaison Officer, marae representative or authorised person at your Iwi Runanga representative to endorse your whakapapa. The endorser must know the applicant and may **not** be your sibling, spouse, parent or grandparent.

I (endorser's name) _____ certify that the above whakapapa is correct and that the applicant is of New Zealand Maori descent.

OR I certify that the applicant does not know their whakapapa but has provided proof that they are of New Zealand Maori descent.

Endorser's signature _____ Date _____

Endorser's designation: (see above) _____

Endorser's contact no () _____

Now proceed to section H

SECTION F: Only to be completed by applicants for the equity dimension - Pacific Island descent

1. Family

List your main Pacific ethnicity/ethnicities and heritage (for example your extended family/village):

2. Endorsement

You must get a community leader to confirm your Pacific ethnicity, such as: priest or pastor (if a member of a church community), Justice of the Peace, Member of the legal profession authorised to witness declarations, an authorised member of staff from AUT Pasifika Student Support Services. The endorser The endorser must know the applicant and may **not** be your sibling, spouse, parent or grandparent.

I (endorser's name) _____ certify that the above person is of pacific ethnicity.

Endorser's signature _____ Date _____

Endorser's designation: (see above) _____

Endorser's contact no () _____

Now proceed to section H

SECTION G: Only to be completed by applicants for the equity dimension – students living with a disability

Do you have an impairment, disability or medical condition? If yes, please describe your impairment and how this affects you within an educational environment:

Please also provide a brief statement advising how this scholarship will support you to undertake your studies, for example by funding personal care attendants, readers or typists; to defray the costs of housing to enable you to live closer to the campus; to purchase adoptive technology or equipment, etc. As these examples may be funded from other sources e.g. AUT Equity funding for disabled students, Workbridge etc, please consider all areas where this scholarship could support you to be successful with your studies.

Verification

You must provide verification of your impairment. This can be provided by a registered Health Professional, Registered Disability Provider or Educational Psychologist.

Now proceed to section H

SECTION H: All applicants to complete

1. PERSONAL INFORMATION AND THE PRIVACY ACT

- The personal information you provide in your application form is protected by AUT's policies and the Information Privacy Principles
- The information provided with this application will only be used to determine whether or not you will be awarded the Scholarship. It will only be disclosed to an official committee of AUT FHES staff who have responsibility for making decisions about scholarships and awards
- A record of your application will be held in the AUT Scholarships Office and recorded in a secure module of the University database, and by the FHES PGRO Research Administrator
- You have the right of access to all personal information AUT holds about you unless there is a statutory reason for withholding it. Some information provided by referees may be kept confidential as 'evaluative opinion' unless written permission from the author is received

2. DECLARATIONS AND APPROVALS

The **applicant**:

- Has read and accepted the Terms of Reference for this Scholarship
- Confirms that they are a New Zealand citizen or permanent resident
- Authorises the University to disclose to the Scholarships Office details about their academic progress to confirm that during the period they receive their Scholarship they continue to satisfy the criteria
- Confirms that the information provided in this application is a true and complete record of their circumstances and they acknowledge that AUT University may cancel the Scholarship if the student has supplied false information
- Agrees to be included in any promotional activities that AUT University may wish to run in conjunction with the awarding of this Scholarship, and agrees to allow personal and scientific information specified in this application to be used for publicity and other purposes approved by the Faculty Board or University Council

It is understood and agreed by the **Applicant and Head of School/Discipline** that any award received as a result of this application is subject to any rules and regulations which the Faculty of Health and Environmental Sciences (and its parent organisation, the AUT University) may from time to time apply. Furthermore, the **applicant** signifies that any funds awarded as a result of the application will not be expended for any purpose other than that described in the application.

The **Head of School/Discipline** agrees to accept this research within his/her School/Discipline if a scholarship is awarded and will ensure that the project will have been approved (where appropriate) by the AUT Ethics (or Safety) Committee before the research is commenced.

Applicant: Print name clearly

Signed

Date

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Thesis/dissertation applicants only:

Principal Supervisor: Print name clearly

Signed

Date

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Head of School: Print name clearly

Signed

Date

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CHECKLIST FOR APPLICANTS

- All relevant sections of application completed
- Application signed by applicant supervisor* Head of School
- Academic transcripts included
- Short CV if transcript is more than 5 years old
- 2012 course enrollment confirmation attached**
- Confirmation of approval of D2 attached ***
- Endorsement of Maori or Pacific Island descent (whichever applies) attached****
- Note from a medical practitioner confirming the nature and degree of the disability attached *****

** if applying as thesis or dissertation student*
***e.g. Acceptance of the Offer of Place (OOP) or academic transcript*
**** DHSc coursework students only*
***** and ***** If applying for the equity dimension*

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- Proof of citizenship sighted (and 5 copies included)
- Proof of enrollment sighted (and 5 copies included)
- Status in ARION = confirmed
- Supporting documents List _____
 Included with application
- Residency checked Acknowledgement Date sent _____
- Academic evidence Sent to selection panel Date sent _____
- Entry into database Notification Date sent _____

FOR USE BY FHES ONLY

Date reviewed						
Funds recommended	Yes		No		\$	
Other comment						
Chairperson		Signature		Date		