

# BUSINESS SCHOOL YOUNG ENTERPRISE SCHOLARSHIP APPLICATION FORM



## Information for Applicants

- You should have received a separate information sheet outlining the Terms of Reference for the scholarship you have been nominated for.
- Please read the criteria and conditions for this scholarship carefully.
- Please check the application requirements and ensure that you submit all necessary forms and information.
- Please make sure you have checked the closing date and that you have allowed plenty of time to forward all sections.
- Please read and sign the declaration on page two of this form.
- Please ensure you submit an Application For Enrolment (AFE).
- Please send your completed application to the AUT Scholarships Office; contact details below.

For Office Use:

Student ID: \_\_\_\_\_

**PLEASE NOTE: THESE SCHOLARSHIPS ARE ONLY AVAILABLE TO APPLICANTS ENROLLING INTO THE AUT BUSINESS SCHOOL, BACHELOR OF BUSINESS PROGRAMME.**

## Applicant's Contact Details

First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Last Name: \_\_\_\_\_

Gender:  Female  Male

Address: \_\_\_\_\_

Citizenship:  NZ Citizen or Permanent Resident

Ethnicity: \_\_\_\_\_

Iwi: (if applicable) \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

## Nominating School / Organisations Details (to be completed by School / Organisation):

Secondary School / Organisation: \_\_\_\_\_

Name of Person Authorising Nomination: \_\_\_\_\_

Designation: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please attach your NZ Lion Foundation Young Enterprise Scheme Examination or Award Certificate**

## Secondary School / Study Details

What Secondary School do you attend?

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What years have you been enrolled there?

From

To

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What qualifications have you gained?

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What qualification are you currently undertaking?

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What subjects are you taking for that qualification?

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**Provide a brief background about yourself and your accomplishments at Secondary School and in the wider community (use a separate sheet of paper if necessary):**

**Do you live with the effects of long-term illness, injury, disability or are you Deaf?**

YES  NO

If **yes**, please contact the Disability Resource Service to discuss your study requirements.

*disability.office@aut.ac.nz or 09-921-9999 ext 8262*

## Personal Information and the Privacy Act

- The personal information you provide in your scholarship application is protected by AUT's policies and the Information Privacy Principles.
- The information will only be used to determine whether or not you will receive the scholarship. It will only be disclosed to a small group of staff and others who have responsibility for making decisions about scholarships.
- A record of your application will be held in the Scholarships Office and recorded in a secured scholarships module of the ARION database.
- 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.

## Declaration (please tick)

- I have read and accepted the Terms of Reference for the AUT Scholarship I have applied for.
- I authorise the University to disclose to the Scholarships Office details about my academic progress to confirm that during the period I receive my scholarship I continue to satisfy the criteria.
- I agree to the criteria with respect to my application for a Business School Young Enterprise Scholarship, administered through the Scholarships Office at AUT.
- The information I have provided in my application is a true and complete record of my circumstances and I acknowledge that AUT may cancel my scholarship if I have supplied false information.
- I agree to be included in any promotional activities that AUT wish to run in conjunction with the awarding of this scholarship.

Signature: \_\_\_\_\_

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