

# DFS NEW ZEALAND BACHELOR OF BUSINESS 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:** \_\_\_\_\_

## Applicant's Contact Details

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

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: \_\_\_\_\_

## Qualifications

Secondary and Tertiary (if applicable).

Institution	Qualification	Year Attained

I am currently an AUT Bachelor of Business student majoring in: \_\_\_\_\_

## Prizes and Awards (please list any academic prizes, awards or scholarships you have received in the last 5 years.)

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## Provide a 200 word statement answering the following questions:

**Statement:** You are required to write and attach a 200 word statement answering the following questions.

1. Who is your role model and why? What do you see in that person that makes them a role model?
2. What is one achievement that you are most proud of today and what did you learn from it?
3. What is your favourite retail store or brand and why?

## 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[at]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 DFS New Zealand Bachelor of Business 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: \_\_\_\_\_