

VODAFONE BACHELOR OF BUSINESS SALES 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

First Name:	_____	Date of Birth:	_____
Last Name:	_____	Gender:	<input type="checkbox"/> Female <input type="checkbox"/> Male
Address:	_____ _____ _____	Citizenship:	<input type="checkbox"/> NZ Citizen or Permanent Resident
		Ethnicity:	_____
Telephone:	_____	Fax:	_____
Mobile:	_____	Email:	_____

Nominating School Details (to be completed by School):

Name of PAuthorising Nomination:	_____
Designation:	_____
Telephone:	_____
E-Mail:	_____
Signature:	_____
Date:	_____

Please attach a letter of endorsement, including a summary of the applicant's academic results in the current and preceding year.

Secondary School / Study Details

Which Secondary School do you attend?

What years have you been enrolled there?

From

To

What qualifications have you gained?

What qualification are you currently undertaking?

What subjects are you taking for that qualification?

Provide a brief background about yourself and your accomplishments at Secondary School or in the wider community:

Attach a 200 word Sales Pitch:

You are required to write and attach a 200 word Sales Pitch to sell yourself and prove you've got what it takes to make it in Sales. This is not just based on your grades at School. We also want to know what distinguishes you from the rest and what would make you a success in a Sales based career. Think about why you should be chosen as the recipient of the scholarship.

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 Vodafone 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: _____