



AUT SCHOLARSHIP APPLICATION FORM

INFORMATION FOR APPLICANTS

For Office Use:

- Read the criteria for the Scholarship you wish to apply for carefully. If you do not meet all criteria, contact the Scholarships Office for advice.
- Make sure you **check the closing date** and that you have allowed plenty of time to forward all completed sections of the application.
- If you have not already supplied a certified copy of your identify documents as part of an enrolment at AUT you must include these with your application, i.e., Birth Certificate or Passport.
- Please carefully **read and sign the declaration** on page two of this form.
- **Please send your completed application to the Scholarships Office; contact details listed below.**

Laura Fergusson Rehabilitation PhD Scholarship

Contact Details

AUT Student ID (if known)	.....	Date of Birth	.....
First Name	.....	Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male
Last Name	.....	Citizenship	<input type="checkbox"/> NZ Permanent Resident or NZ Citizen
Address	<input type="checkbox"/> Other (specify)	.....
	.....	Ethnicity	.....
	.....	Iwi (if applicable)	.....

Telephone	.....	Fax	.....
Mobile	.....	Email	.....

Referees Details: Please supply the names and contact details of two people who will provide a reference statement. Please ensure your referees send the written reference before the scholarship closing date.

Name:	.....	Name:	.....
Address:	.....	Address:	.....

Telephone:	.....	Telephone:	.....
E-Mail:	.....	E-Mail:	.....
Fax:	.....	Fax:	.....

Qualifications

Please attach a certified copy of your results (if available) otherwise make arrangements to have them forwarded directly to the Scholarships Office (please note where they will be sent from):

Institution	Qualification	Year Attained

Checklist

I have attached the supporting documents outlined in the Terms of Reference:

- Curriculum Vitae
- A one page project summary
- A one page personal statement

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 University 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

- I have read and accepted the Terms of Reference for the Auckland University of Technology 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 declare that I have prepared the material presented in this application.
- 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.

Applicant's signature:

Date:

For Office Use

Please check that you have supplied all application requirements

Supporting Documents:	<input type="checkbox"/>	List:	<input type="checkbox"/>	Date sent:	_____
Residency Checked:	<input type="checkbox"/>	Acknowledgement:	<input type="checkbox"/>	Date sent:	_____
Academic Evidence:	<input type="checkbox"/>	Sent to Selection Panel:	<input type="checkbox"/>	Date sent:	_____
Entry on Database:	<input type="checkbox"/>	Notification:	<input type="checkbox"/>	Date sent:	_____