

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

**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: _____
	Iwi: (if applicable) _____
Telephone: _____	Fax: _____
Mobile: _____	Email: _____

## Auckland Girls' Grammar School Nomination details:

Name of Person Authorising 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

What years have you attended Auckland Girls' Grammar School? 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 (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 Louise Gardner 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: \_\_\_\_\_