

2018 APPLICATION FORM

The strategic direction of Te Rūnanga a Rangitāne o Wairau Trust is based on four key priority areas for academic research, scholarship, and internship for tertiary level students for 2019.

- Ahurea (Māori Language and Culture)
- Te Taiao (Fisheries and Resource Management / Environmental Science)
- Hauora (Health and Wellbeing)
- Hangarau Whakaaturanga Me Ngā Hangarau Whakawhitiwhiti Whakaaro (Information and Communication Technology)

Priority is given to applicants studying any of the four key priority areas.

CRITERIA	<ul style="list-style-type: none"> • Applicants must be verified as Rangitāne o Wairau whānui by having a membership number on Te Rūnanga a Rangitāne o Wairau Trust database; and enrolled in tertiary study as a full or part-time student for 2019. • For part-time students or students in their final year of study, applications will be considered based on actual and reasonable costs or a pro-rata basis.
CLOSING DATE	<ul style="list-style-type: none"> • Applications must be received by 4:00pm on 28 February 2019. • Incomplete and late applications will not be accepted.
DOCUMENTATION REQUIRED	<p>The following documentation is required:</p> <ul style="list-style-type: none"> • Completed application form. • Passport sized photograph with your name on the reverse side of the photograph. • Detail of official course enrolment for 2019 and expenses anticipated. • A copy of your 2018 or most recent course results. • Membership number as verification that that you are registered on the Te Rūnanga a Rangitāne o Wairau Trust database.
SUCCESSFUL APPLICANTS	<ul style="list-style-type: none"> • Successful applicants must supply a letter of acknowledgement to Te Rūnanga a Rangitāne o Wairau Trust office within four weeks of receipt of the scholarship. • Recipients are asked to attend the Te Rūnanga a Rangitāne o Wairau Trust AGM.

Please ensure that all sections are completed fully. This form should be completed electronically.

YOUR PERSONAL DETAILS

LASTNAME	MEMBERSHIP NO.
FIRSTNAME	HOME PHONE
ADDRESS	MOBILE
STREET	EMAIL
SUBURB	
TOWN / CITY	POSTCODE
	DATE OF BIRTH DD / MM / YYYY

YOUR BANK ACCOUNT DETAILS

A bank deposit slip or bank verification of your bank account number is acceptable.

BANK ACCOUNT NAME

NZ BANK ACCOUNT NUMBER

<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	—	<input type="text"/>	<input type="text"/>
BANK			BRANCH			ACCOUNT NUMBER						SUFFIX					

POST TO:
MĀTAURANGA
TE RŪNANGA A RANGITĀNE O WAIRAU TRUST
PO BOX 883
BLENHEIM 7240

OR EMAIL TO:
ADMIN@RANGITANE.ORG.NZ

- CHECKLIST:**
- MEMBERSHIP NUMBER
 - COMPLETED APPLICATION FORM
 - PASSPORT SIZED PHOTO
 - COPY OF OFFICIAL COURSE ENROLMENT & ANTICIPATED EXPENSES
 - MOST RECENT COURSE RESULTS
 - APPLICATION SUBMITTED BY DUE DATE



YOUR HAPU / IWI DEVELOPMENT ASPIRATIONS

Provide a typed essay of no more than 500 words on what inspired you to select your course of study and what contribution you hope to make to your chosen industry and to Te Rūnanga a Rangitāne o Wairau Trust.

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YOUR ACADEMIC HISTORY

INSTITUTION	YEAR	SUBJECT	GRADE

YOUR RELEVANT WORK HISTORY, INCLUDING VOLUNTARY WORK

Please provide details of your relevant work history.

ORGANISATION	YEAR	DUTIES/RESPONSIBILITIES

YOUR EDUCATION DETAILS AND ENROLMENT CONFIRMATION

Provide enrolment confirmation and evidence of anticipated expenses from your tertiary institute.

STUDENT ID NUMBER _____

NAME OF TERTIARY INSTITUTE FOR 2019 _____

INTENDED PROGRAMME OF STUDY

CERTIFICATE
 DIPLOMA
 BACHELOR
 MASTERS
 DOCTORATE
 OTHER

MAJOR SUBJECT(S) _____

YEAR OF STUDY IN 2019

1ST
 2ND
 3RD
 4TH
 5TH
 OTHER

HOURS OF STUDY IN 2019

FULL-TIME
 PART-TIME
 OTHER

INTERNSHIP

I would like to be considered for an internship with Te Rūnanga a Rangitāne o Wairau Trust.

YES
 NO

DECLARATION

- I certify that all information supplied in this application form is correct and true. I know that if the information supplied is incomplete or inaccurate my application will be invalid and declined, without any right of review.
- If I am successful I will supply the office with a brief report and photos within 12 weeks of course completion so that my experience/success may be shared with Rangitāne o Wairau whānui.
- I consent to this information being used for marketing and communications by Te Rūnanga a Rangitāne o Wairau Trust.

SIGNED _____

DATED DD / MM / YYYY

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