## RANGITĀNE GENERAL SCHOLARSHIP



MOST RECENT COURSE RESULTS
APPLICATION SUBMITTED BY DUE DATE

## **APPLICATION FORM 2019**

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 2020.

- 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 studyi  | ng any of the four key priority areas.   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|--|
| CRITERIA  | <ul> <li>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 2020.</li> <li>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.</li> </ul>                          |  |  |  |  |  |  |
| CLOSING DATE  | <ul> <li>Applications must be received by 4:00pm on 28 Feb</li> <li>Incomplete and late applications will not be accepted</li> </ul>   |  |  |  |  |  |  |
| BEFORE YOU APPLY  | <ul> <li>Information and documents you need for your application</li> <li>Completed application form.</li> <li>Proof of bank account details.</li> <li>Photograph of yourself only that may be used for m</li> <li>Detail of official course enrolment for 2020 and exp</li> <li>A copy of your 2019 or most recent course results.</li> <li>Membership number as verification that that you are Wairau Trust database.</li> </ul> | arketing purposes.<br>enses anticipated.   |  |  |  |  |  |
| SUCCESSFUL APPLICANTS   | <ul> <li>Successful applicants must supply a letter of acknow<br/>Trust office within four weeks of receipt of the scho</li> <li>Recipients are asked to attend the Te Rūnanga a Ra</li> </ul>   | larship.   |  |  |  |  |  |
| This form should be completed ele   | ctronically else please PRINT clearly. All sections must be  | completed fully.   |  |  |  |  |  |
| 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 DETA Proof of bank account details must BANK ACCOUNT NAME             |  |  |  |  |  |  |  |
| NZ BANK ACCOUNT NUMBER  | BANK BRANCH ACCOUNT NUMBER   | R SUFFIX   |  |  |  |  |  |
| POST TO:<br>MĀTAURANGA<br>TE RŪNANGA A RANGITĀNE O WAIRA<br>PO BOX 883<br>BLENHEIM 7240 | OR EMAIL TO: EDUCATION@RANGITANE.ORG.NZ U TRUST  | CHECKLIST:  MEMBERSHIP NUMBER  COMPLETED APPLICATION FORM PROOF OF BANK ACCOUNT DETAILS PHOTO COPY OF OFFICIAL COURSE ENROLMENT & ANTICIPATED EXPENSES |  |  |  |  |  |

## 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.

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

OR EMAIL TO:

EDUCATION@RANGITANE.ORG.NZ

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|---|---|---|---|---|---|---|----|--|
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MEMBERSHIP NUMBER
COMPLETED APPLICATION FORM
PROOF OF BANK ACCOUNT DETAILS
PHOTO

COPY OF OFFICIAL COURSE ENROLMENT & ANTICIPATED EXPENSES

MOST RECENT COURSE RESULTS
APPLICATION SUBMITTED BY DUE DATE



& ANTICIPATED EXPENSES
MOST RECENT COURSE RESULTS
APPLICATION SUBMITTED BY DUE DATE

## YOUR ACADEMIC HISTORY

| INSTITUTION  |                     | YEAR                                       |                     | SUBJECT                            | GRADE          |  |
|--|---------------------|--|---------------------|------------------------------------|----------------|--|
|  |                     |  |                     |                                    |                |  |
|  |                     |  |                     |                                    |                |  |
|  |                     |  |                     |                                    |                |  |
|  |                     |  |                     |                                    |                |  |
|  |                     |  |                     |                                    |                |  |
|  |                     |  |                     |                                    |                |  |
| YOUR RELEVANT WORK HIST Please provide details of your relev |                     | NG VOLUNTARY                               | WORK                |                                    |                |  |
| ORGANISATION   |                     | YEAR                                       |                     | DUTIES/RESPONSIBILITIES            |                |  |
|  |                     |  |                     |                                    |                |  |
|  |                     |  |                     |                                    |                |  |
|  |                     |  |                     |                                    |                |  |
|  |                     |  |                     |                                    |                |  |
|  |                     |  |                     |                                    |                |  |
|  |                     |  |                     |                                    |                |  |
| YOUR EDUCATION DETAILS                                       | AND ENROLMEN        | NT CONFIRMATIO                             | ON                  |                                    |                |  |
| Provide enrolment confirmation an                            | d evidence of antic | cipated expenses fro                       | om your tertiary in | nstitute.                          |                |  |
| CTUDENT ID NUMBER  |                     |  |                     |                                    |                |  |
| TUDENT ID NUMBER   |                     |  |                     |                                    |                |  |
| NAME OF TERTIARY  NSTITUTE FOR 2020 ———                      |                     |  |                     |                                    |                |  |
| NTENDED PROGRAMME DF STUDY                                   | CERTIFICATE         | DIPLOMA                                    | BACHELOR            | MASTERS DOCTOR                     | ATE OTHE       |  |
| MAJOR SUBJECT(S)   |                     |  |                     |                                    |                |  |
|  |                     |  | 1 [                 |                                    |                |  |
| YEAR OF STUDY IN 2020  | 1 <sup>ST</sup>     | 2 <sup>ND</sup>                            | 3 <sup>RD</sup>     | 4 <sup>TH</sup> 5 <sup>TH</sup>    | OTHE           |  |
| HOURS OF STUDY IN 2020                                       | FULL-TIME           | PART-TIME                                  | OTHER               |                                    |                |  |
|  |                     |  |                     |                                    |                |  |
| NTERNSHIP  |                     | p- p ::-                                   |                     |                                    |                |  |
| would like to be considered for an                           | internship with Te  | e Runanga a Rangita                        | ne o Wairau Trust   | t. YES                             | NO             |  |
| DECLARATION  |                     |  |                     |                                    |                |  |
|  |                     |  |                     | I know that if the information sup | plied is       |  |
| incomplete or inaccurate                                     |                     |  |                     | _                                  | at my          |  |
| experience/success may l                                     |                     |  |                     | weeks of course completion so tha  | it my          |  |
| I consent to this informat                                   | ion being used for  | marketing and com                          | munications by Te   | e Rūnanga a Rangitāne o Wairau T   | rust.          |  |
|  |                     |  |                     |                                    |                |  |
|  |                     |  |                     |                                    |                |  |
| SIGNED   |                     |  |                     | DATED DD                           | / MM / YYYY    |  |
|  |                     |  |                     |                                    |                |  |
|  |                     |  |                     |                                    |                |  |
| P <mark>OST TO:</mark><br>MĀTAURANGA                         |                     | <mark>EMAIL TO:</mark><br>JCATION@RANGITAN | IE.ORG.N7           | CHECKLIST:  MEMBERSHIP NUMBI       | ER .           |  |
| E RŪNANGA A RANGITĀNE O WAIRA                                |                     | CATION WHANGITAL                           | L.ONG.IVE           | COMPLETED APPLICA                  | TION FORM      |  |
| PO BOX 883<br>BLENHEIM 7240                                  |                     |  |                     | PROOF OF BANK ACC                  | OUNT DETAILS   |  |
| SECIMILLIMI /240   |                     |  |                     | COPY OF OFFICIAL CO                | URSE ENROLMENT |  |

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