



Application Type	Value
Masters or PHD	\$500.00
Post Graduate	\$200.00
Bachelors	\$160.00
Certificate or Diploma	\$150.00
Training/Vocational Study	\$120.00

### CRITERIA FOR SCHOLARSHIP

To apply for a Te Rūnanga o Whaingaroa Scholarship you must be:

- A registered beneficiary of Ngapuhi/Ngati Kahu ki Whaingaroa. (If you are not registered you can register by downloading and completing the form on [www.whaingaroa.iwi.nz](http://www.whaingaroa.iwi.nz))
- Be enrolled at an educational institute for a year
- Submit a completed application form with all required supporting documentation
- If you are over 18 years old, you will need to complete your own application form

### IMPORTANT INFORMATION

- Scholarship rounds:

Round	Year	Open	Close	Notification
Tahi	2021	1 May	15 June	20 July
Rua	2021	1 October	15 November	15 December

- Providing an incomplete or inaccurate application will extend the time required to process and pay your Scholarship
- Please attach a document that shows enrolment confirmation, EFT and fees payable
- Incorrect/Incomplete bank details will result in the funds being returned and default fees being incurred, which may be deducted from future Scholarships.
- You must advise the TROW Team of any changes to your application via [grants@whaingaroa.iwi.nz](mailto:grants@whaingaroa.iwi.nz)

### CHECKLIST

**Please ensure:**

The entire Scholarship Application Form is complete.

A parent, grandparent or guardian has signed and dated this Application Form.

Once completed, please return your Application to:

Email: [grants@whaingaroa.iwi.nz](mailto:grants@whaingaroa.iwi.nz)

Post: Scholarships, Te Runanga o Whaingaroa, PO Box 88, Kaeo, NORTHLAND 0448.

For more information please see the Rūnanga website: [www.whaingaroa.iwi.nz](http://www.whaingaroa.iwi.nz)

## APPLICANT INFORMATION

### Personal Details

First Names:		Surname:
Date of Birth:		Gender <input type="checkbox"/> Tane <input type="checkbox"/> Wāhine <input type="checkbox"/> : _____

### Postal/Physical address

Home Address:		
Suburb:		City:
County:		Postcode:

### Contact Details:

Phone:		Mobile:
E-Mail:		<input type="checkbox"/> I DO NOT want my e-mail on the mailing list

Are you a registered member of Te Rūnanga O Whaingaroa?  Yes  No Reg#: \_\_\_\_\_

## EDUCATION PROVIDER INFORMATION

Name of Education Provider:	
Education provider contact number:	
Enrolment Option:	<input type="checkbox"/> Fulltime <input type="checkbox"/> Part-time
Education Scholarship you are applying for: <input type="checkbox"/> Training/Vocational Study <input type="checkbox"/> Certificate or Diploma <input type="checkbox"/> Bachelors <input type="checkbox"/> Post Graduate <input type="checkbox"/> Master's or PHD	
What are the key factors you consider when choosing an education provider? <input type="checkbox"/> Offers high quality teaching <input type="checkbox"/> Scholarships <input type="checkbox"/> Family and friends have attended <input type="checkbox"/> It was recommended to me <input type="checkbox"/> Te Reo Māori <input type="checkbox"/> High graduate employment rate <input type="checkbox"/> Course offerings <input type="checkbox"/> Other: _____	
Was this education provider your first choice? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you happy with the overall quality of the Education Provider? <input type="checkbox"/> Excellent <input type="checkbox"/> Okay <input type="checkbox"/> Needs Improvement <input type="checkbox"/> Unhappy	
I give consent for Te Rūnanga O Whaingaroa to contact the listed education provider within this application form to confirm enrolment and/or access to school reports. <input type="checkbox"/> Yes <input type="checkbox"/> No	

## EDUCATION AND LEARNING

<p>What is your highest qualification to date?</p> <input type="checkbox"/> NCEA L1 <input type="checkbox"/> NCEA L2 <input type="checkbox"/> NCEA L3 <input type="checkbox"/> Cambridge IGCSE <input type="checkbox"/> Cambridge AS <input type="checkbox"/> Cambridge AS and A2 <input type="checkbox"/> Certificate <input type="checkbox"/> Diploma <input type="checkbox"/> Degree <input type="checkbox"/> Postgraduate Degree <input type="checkbox"/> Masters <input type="checkbox"/> Graduate Certificate <input type="checkbox"/> Doctorate <input type="checkbox"/> Other: _____
<p>What is your intended field of Study? (i.e. Agriculture, Trades, Te Reo, Social Development, Health, Education, Business Administration):</p> <p>_____</p>
<p>What year of study will you be completing this year?</p> <input type="checkbox"/> Year 1 <input type="checkbox"/> Year 2 <input type="checkbox"/> Year 3 <input type="checkbox"/> Year 4 <input type="checkbox"/> Other: _____

What is the full title of your intended qualification? \_\_\_\_\_

How are you studying?  Online  On Campus  Extramural

Is this your first year of Tertiary Study?  Yes  No

Please list the subjects you are studying in 2019

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We want to hear about YOU and YOUR aspirations for your Whānau, Hapū, Iwi. On a separate sheet, please provide a written korero (250-word limit).

Topic #1	Tell us who you are, how you are involved with your whānau, hapū to date and from this what you consider to be the biggest challenge for our people going forward. How would you help address this challenge?
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### TE REO MĀORI (OPTIONAL)

Are you learning Te Reo Māori?  Ae  Kāhore

If Ae, can you indicate where

Spoken at home  Books  Internet  Online Apps  At a centre  Other: \_\_\_\_\_

If you are not and you are wanting them to learn Te Reo Maori, what are the barriers for you?

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What type of Te Reo Māori resources would you support for you and your whānau to learn Te Reo.

Books  Online (Podcasts & Webinars)  Games  Apps  Waiata  Print material  Wānanga  Reo

### BANK ACCT. DETAILS

Payment made to?

My nominated account  Direct to education provider

Bank Account Name: \_\_\_\_\_

Bank Account Number:

Bank	Branch	Account	Suffix
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Bank Name: \_\_\_\_\_ Payment Reference: \_\_\_\_\_

## PRIVACY STATEMENT

Te Rūnanga o Whaingaroa is committed to protecting your privacy. All personal information (as defined in the Privacy Act 1993) that you provide in your application will be collected, stored and used by Te Rūnanga O Whaingaroa for purposes in connection with the assessment of your application:

1. The maintenance of whakapapa records, membership and Iwi database
2. The functions of Te Rūnanga O Whaingaroa
3. Keeping you updated on matters concerning your membership and the activities of Te Rūnanga o Whaingaroa
4. Planning and design of any future services, benefits or goods that Te Rūnanga O Whaingaroa may choose to provide; and
5. Any other purposes that Te Rūnanga O Whaingaroa considers beneficial to the Rūnanga (“Purposes”).

Your personal information may be disclosed to a third party that provides services to Te Rūnanga O Whaingaroa in alignment with its core functions; and where authorised to by law. That disclosure will only be in connection with one or more of the above Purposes.

To update or correct the personal information concerning this Scholarship Application or if there are any questions concerning privacy, please contact:

Te Rūnanga O Whaingaroa

Cnr. Waikare Ave & State Highway 10

PO Box 88, Kaeo

Northland 0448.

## DECLARATION

I declare that all the above information is true and correct. I understand that any application received by Te Rūnanga O Whaingaroa with incorrect, incomplete or misleading information may be rejected.

I have read and understand and accept the Privacy Statement. I agree and authorise Te Rūnanga O Whaingaroa to collect, use, store and disclose my personal information (as defined in the Privacy Act 1993) for the purposes set out in the Privacy Statement.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_