



2015 MĀORI EDUCATION TRUST SECONDARY SCHOLARSHIPS

Tēnā koe e tono nei mō Ngā Karahipi Māori 2015. Tēnā hoki koe e whai i te huarahi mātauranga hei hāpai i a koe, to whānau, to iwi, otirā, te ao Māori. He huarahi tēnei i whakaritea e ō mātua tīpuna, kia riro i a koe ngā kete e toru o te wānanga.

Nō reira, tihei mauriora.

The Māori Education Trust scholarship programme comprises a range of scholarships for Māori secondary and tertiary students. The purpose of the scholarship programme is to provide support for Māori students to pursue and achieve success in programmes of study and training.

ELIGIBILITY

Applicants applying for Māori Education Trust Scholarships must:

- i. be enrolled at a New Zealand secondary school in 2015;
- ii. be attending full-time study for the full year;
- iii. meet all criteria for the scholarships applied for;
- iv. submit the application and supporting documentation on time.

IMPORTANT INFORMATION

- 1. You are encouraged to apply on-line for this scholarship at www.maorieducation.org.nz
- 2. <u>Incomplete or late applications will not be considered.</u>
- 3. You must advise the Māori Education Trust of any changes to your application. All changes must be advised in writing (email or post).
- 4. All supporting documentation must be submitted.
- 5. You can apply for as many scholarships that you meet the criteria for, however you can only be awarded one.

CLOSING DATE

Applications close at 4.30 pm, Friday, 27 Hui-tanguru (February) 2015.

Postal Address: Māori Education Trust

P O Box 31213 LOWER HUTT 5040

Courier Address: IT Building, Te Whiti Park

170a Whites Line East

Waiwhetu

LOWER HUTT 5010

Phone: (04) 586 7971

Email: info@maorieducation.org.nz



2015 Secondary Scholarship Application Form

(Please print clearly)

PERSONAL DETAILS					
Surname					
First Name					
Middle Name(s)					
Gender (please circle)	Female N	Male Date of Bi	rth / /		
Address					
Suburb / RD Number					
Town / City			Postcode		
Home Phone	(0)	Daytime Contact / Mobile	(0)		
Email Address					
BANK ACCOUNT DETAILS					
a) NZ Bank Account Number:					
_	Bank Branch	Account numbe	r Suffix		
NOTE: Please provide an encoded bank deposit slip or bank verification of your bank account number.					
THO TELL TICEUSE PROVIDE UIT CHICOGEU SU	The deposit stip of Saint Verifi				
KOROWAI MĀORI					
lwi	1.				
	2.				
	3.				
Нари	1.				
	2.				
	3.				
Marae	1.				
	2.				
	3.				

WHAKAPAPA						
Please complete this section of your whakapapa:						
	Grandfather	Grandmother	Grandfather	Grandmother		
	Fathe	er	M	other		
			Applicant			
		F	Applicant			
Whakap	apa certification – You r	nust have your whaka	papa confirmed by a ka	numātua.		
•		·	,			
Certifier'	's name:					
Certifier	's signature:					
C						
Certifier	's phone number:					
TE REO MĀORI						
		tou o Toitū Kaupapa I	Māori Mātauranga. Ter	na tohua mai ngā āhuatanga hei		
wnakarit	e i to aroha ki te reo:					
a)	Kei te hiahia au ki te ak		□ A	e 🗆 Kao		
b)	Kei te ako au i te reo M		□ A			
c)	Kei te āhua mōhio au i		□ A(
d) 、	Kei te matatau au i te ro		□ A(
e)	I tipu ake au i te reo Mā		□ A(
f) g)	Kei te kõrerotia te reo i Ka tuhia aku mahi whak					
g)	ra tullia aku ilialii Whai	vamatautau i te reo M	lāori: 🗆 A	E ⊔ NdU		

PERSONAL STATEMENT				
In 50 – 75 words, please complete the following: <i>I believe I will be successful this year because</i>				

EDUCATION DETAILS						
Name of Secondary	School					
School Phone Numb	per	(0)	School Fax	(0)		
Enrolment verificati	on is required;	please have your school	confirm your enrolmen	at with their school stam	p or seal:	
		Scho Star				
	RSHIP , someor follows:			MARU MĀORI TRUST SEG Academic Ability and Aca		
1	22	3	Λ	5		
	Average	Good		Good Excell		
Comments:						
b) Academic Aptitu	ıdo					
				_		
Below Average		3 Good		5 Good Excell		
Comments:						
Name:			Position:			
Signature:			Date:	_//		

2015 SECONDARY SCHOLARSHIPS

OPTION 1:

EMPOWEREDUCATION AND PEARL SIDWELL MANA MATHS SCHOLARSHIP						
Criteria:	Available to Auckland based secondary students who have aptitude, ability and a positive attitude to learning mathematics. Recipients will receive one year's sponsored access for online maths tuition at www.mathsbuddy.co.nz					
Value:	1 year full access to <u>www.mathsbuddy.co.nz</u> online maths tuition.					
No. of recipient	s: Up to 10					
Please complete	the following:					
	ckland throughout the school year:					
	☐ Yes ☐ No (ineligible)					
b) I trialled the	free lessons on www.mathsbuddy.co.nz prior to submitting my application:					
	□ Yes □ No					
c) I will be in Ye	ear (please tick one):					
d) I am willing t	o be photographed and interviewed for Māori media if called upon to discuss my experience of the					
programme:	□ Yes □ No					
e) I and my parent/caregiver are willing to complete a feedback survey our experience with the programme (please sign). Applicant: Parent/Caregiver: f) In 50 – 75 words, please complete the following: I believe I have a positive attitude towards learning mathematics because						
OFFICE USE ONI	Y Eligible Yes / No					

OPTION 2:

ROSE HELLABY SCHOLARSHIP								
Criteria:	To assist Year 9 Māori students with the purchase of school uniform or textbooks. Available to students with demonstrated financial need, academic ability and aptitude.							
Value:	\$500	\$500						
No. of recipients:	80							
Please complete the	follow	ing:						
a) I am in Year 9:				Yes		No		
b) Combined caregi	ivers' in	ncomes per m	onth is:	:				
□ Les	ss than	\$999		\$1,000 → \$1,	749			\$1,750 → \$1,999
□ \$2,	,000 →	\$2,499		\$2,500 or mo	re			
		a pay slip, WI payment occu		ement, or bank	< state	ment	for ead	ch caregiver which must clearly show
c) Number of peop	le in ho	usehold:						
Adults:			Childr	ren:	_			
OFFICE USE ONLY		Eligible	Yes / N	No				
OPTION 3:								
TĪ MARU MĀORI TR	UST SE	CONDARY BO	ARDIN	IG SCHOLARSHI	IP			
Criteria:	Availa	ble to Year 9 I	Māori s		emons		d finan	cial need, academic ability and aptitude
Value:	\$1,000)						
No. of recipients:	20							
Please complete the	follow	ing:						
a) I will be a Year 9	boarde	er this year:		Yes		No		
b) Combined caregivers' incomes per month is:								
□ Les	ss than	\$999		\$1,000 \(\rightarrow\)\$1,	749			\$1,750 → \$1,999
□ \$2,	,000 →	\$2,499		\$2,500 or mo	re			
NOTE: You must attach a pay slip, WINZ statement or bank statement for each caregiver which must clearly show how often each payment occurs.								
c) Number of people in household:								
Adults:			Childr	ren:	_			
OFFICE USE ONLY		Eligible	Yes / N	No				

2015 MĀORI EDUCATION TRUST SECONDARY SCHOLARSHIPS

CHECKLIST

SUPPORTING INFORMATION - GENERIC				
PERSONAL STATEMENT	Your statement which completes the following: I believe I will be successful this year because			
WHAKAPAPA	Completed Whakapapa section.			
ENROLMENT VERIFICATION	Evidence of enrolment at a secondary school.			
BANK DETAILS	Encoded bank deposit slip or bank verification of your bank account number.			
FINANCIAL VERIFICATION	Proof of income (e.g. pay slip, WINZ letter or bank statement unless applying for an EmpowerEducation and Pearl Sidwell Mana Maths Scholarship).			
DECLARATION	Sign and attach the Declaration.			

DECLARATION				
Please read each statement and tick the box next to it if the statement is true; sign and date the form. If you cannot truthfully make each statement, you should not submit an application.				
☐ The information I have given in this application is true.				
☐ I am of New Zealand Māori descent.				
☐ I have read and understand the information about each section of this application form.				
☐ I understand that if I accept a scholarship and do not complete my study, I may be required to repay the scholarship.				
☐ I am enrolled in a New Zealand secondary school.				
☐ I understand that if my application is incomplete, it will not be considered.				
☐ If I am a successful applicant, I agree that my award and personal details may be used by the Māori Education Trust				
or scholarship donor to promote the scholarship programme.				
☐ If I am a scholarship recipient, I will forward a letter of thanks to the scholarship donor care of the Māori Education Trust.				
Parent/Caregiver or Student's Name:				
Signature: //				

ACKNOWLEDGEMENT OF RECEIPT Complete this section if you would like to receive email confirmation that your application has been received. Your name: Your email address: Date Received (office)

MACDI EDITO	ATION TRUST POST	AL AND COLIDIED	DETAILS
IVIAUKI FIJUU.	ATION TRUST POST	AL AND COURIFR	DETAILS

Postal Address: P O Box 31213

LOWER HUTT 5040

Courier Address: IT Building, Te Whiti Park

170a Whites Line East

Waiwhetu

LOWER HUTT 5010