



AOTEAROA TRUST SCHOLARSHIP APPLICATIONS

- **Academic Scholarships**
- **Professional Scholarships**
- **Trade Apprenticeship Scholarships**
- **Farming & Horticultural Scholarships**

AOTEAROA TRUST EDUCATION GRANTS

The Aotearoa Trust has a policy of providing Education Grants to children/students of beneficial ownership attending school in New Zealand in the following areas:-

School age student Grants
Tertiary Scholarships

SCHOLARSHIPS

There are currently scholarships available in the following categories:

Academic Scholarship
Professional & Trade Scholarship
Farming & Horticultural Scholarship

Scholarship amounts will be dependent on course fees and the level of demand from applicants.

ROBERT MAURIOHOOHO SCHOLARSHIP

This is a special scholarship to be granted to a selected applicant who has satisfied the following criteria.

- a) A scholar who has an established excellent academic record.
- b) Be a second year or subsequent year student applying for the third or subsequent year of study at a New Zealand University.

SUMMARY OF EDUCATION GRANTS POLICIES

Scholarships

- Scholarship success and payments will be weighted toward performance. Results will be required to trigger most payments.
- Applicants for a Professional or Trade Scholarship are to ensure that either a tutor or employer completes the form verifying your enrolment/employment and reports on the progress of study.

Applications

- ❖ A fully completed Application must be made to the Trust by 20 March and posted to P O Box 9495, Hamilton 3240, or faxed to 07 838 1667 or email aotearoatrust@clelandhancox.co.nz
- ❖ If a Student has not had a Grant or Scholarship previously approved, then proof of whakapapa to the beneficial owner must be provided, i.e. certified birth certificates to support the whakapapa form.
- ❖ The application must be signed by the **beneficial owner or an authorised person and the applicant.**
- ❖ **To apply for a scholarship** please complete the applicable form as listed below.
 - **Form 3** – All Scholarships.
 - **Form 4** – Returning scholars.
 - **Form 5** – Trade Scholarship Employer/Tutor form. (**attach to Form 3**)
- ❖ **Further copies of application forms can be accessed in PDF form from the Trust's website: www.aotearoatrust.co.nz**

**APPLICATION FOR AOTEAROA TRUST ACADEMIC, PROFESSIONAL,
TRADE, FARMING & HORTICULTURE SCHOLARSHIPS**

Closing date for this application is the 20th March

The aim of these scholarships is to assist and encourage our young whānau to complete tertiary studies at Academic, Professional, Trade and Farming & Horticulture levels.

To qualify for the above Scholarships you must be:

1. Undertaking full-time study at a Tertiary Institute or
2. On an approved professional or apprenticeship scheme or
3. On an approved Farming/Horticultural Course.

Your application should be posted to: Aotearoa Education Committee
C/- Cleland Hancox Limited
P O Box 9495
Hamilton 3240

Or faxed to 07 838 1667

Any queries should be directed to: Cleland Hancox Limited
Kelly Mossman
Telephone: 07 838 2692
Email: aotearoatrust@clelandhancox.co.nz

CHECKLIST

Please confirm by ticking the boxes that you have:

- ☐ Attached A4 photocopies of any qualifications, including any relevant transcripts or documentation of courses, level pass rates etc.
- ☐ All relevant sections of this application form are fully completed.
- ☐ Name and contact details for two referees or an approved apprenticeship scheme referee.
- ☐ A schedule and / or invoice of the cost of your study for the year.
- ☐ A **passport size, colour** photograph of yourself, i.e **your student ID photo**.
- ☐ Your bank details **certified correct by your bank**.
- ☐ Completed Whakapapa Form

AOTEAROA TRUST SCHOLARSHIPS

Attach your passport
sized, **colour** photo
here please.

Your application should be post-marked NO LATER THAN 20th March

1. Applicant to complete. Please print clearly.

Family Name:

First Name (s):

Title: ☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Other (please specify)

Postal Address:

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.....Post Code.....

Daytime Phone: Evening Phone:

Email: Mobile Phone:

Date of Birth: Age:years.....months

Shareholder's name or Whānau Trust & donor of shares name:

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Shareholder's Number:

Institution at which you will be enrolled:

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Qualification to be completed during the Scholarship:

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Date of enrolment: dd mm yyyy Number of years of study:.....

Expected date of completion of your qualification: dd mm yyyy

We prefer to pay scholarship by direct bank credit, Please provide:

- ❖ Your bank details **certified correct by your bank.**
- ❖ A schedule and / or invoice of the cost of your study for the year.

For office use only:

Education Grant History:

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4. Contact details for two referees:

Referee 1:

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Referee 2:

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Signature of Applicant

Date

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**Shareholder or Authorised Person's
Name & relationship to shareholder
(Please Print)**

Signature

Returning Scholars Only

AOTEAROA TRUST ACADEMIC, PROFESSIONAL, TRADE,

FARMING & HORTICULTURE SCHOLARSHIPS

Your application should be post-marked NO LATER THAN 20th March

The aim of these scholarships is to assist and encourage our young whānau to complete tertiary studies.

To qualify for the above Scholarships you must be:

1. Undertaking full-time study at a Tertiary Institute or
2. On an approved apprenticeship scheme or
3. Be a shareholder or direct descendant of a shareholder.

Your application should be posted to: Aotearoa Education Committee
C/- Cleland Hancox Limited
P O Box 9495
Hamilton 3240

Or faxed to 07 838 1667

Any queries should be directed to: Cleland Hancox Limited
Kelly Mossman
Telephone: 07 838 2692
Email: aotearoatrust@clelandhancox.co.nz

CHECKLIST

Please confirm by ticking the boxes that you have:

- ☐ Attached A4 photocopies of any **new** qualifications, including any relevant transcripts or documentation of courses, level pass rates etc.
- ☐ All relevant sections of this application form are fully completed.
- ☐ Your bank account details – certified by your bank, **only if you have changed banks.**
- ☐ Invoice of the cost of your study for the year.

AOTEAROA TRUST SCHOLARSHIP- RETURNING SCHOLARS ONLY

Your application should be post-marked NO LATER THAN 20th March

1. Applicant to complete. Please print clearly.

Family Name:

First Name (s):

Title: ☐ Mr ☐ Ms ☐ Mrs ☐ Miss ☐ Other (please specify)

Postal Address:

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..... Post Code.....

Daytime Phone: Evening Phone:

Email: Mobile Phone:

Shareholder's name or Whānau Trust & donor of shares name:

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Shareholder Number:

Qualification to be completed during the Scholarship:

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Date of enrolment: dd mm yyyy

Do you expect to complete your diploma/degree this year: Yes / No dd mm yyyy

Are you considering post graduate studies? Yes / No

If yes please provide details:

Institution at which you will be enrolled:

Please provide a schedule and / or invoice of the cost of your study for the year

For office use only:

Scholarship Funding History:

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2. Are you receiving/applying for other Scholarships/Grants/Bursaries?

Yes ☐ No ☐

If **yes**, please list these.

\$ From

\$ From

\$ From

\$ From

\$ From

\$.....**TOTAL**

3. Have you changed your course of study?

Yes ☐ No ☐

If **yes**, please provide details

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4. Please write **a reflection of your learning / experiences** at University / other studies to date:

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Form 5

TRADE SCHOLARSHIP APPLICANTS ONLY

Please attach your
passport size, **colour**
photo here.

Also required is Form 3 or 4 to be completed by applicant

Your application should be post-marked NO LATER THAN 20th March

To be completed by either the applicant's Tutor or Employer.

Please confirm that the applicant is either enrolled in full-time study or is employed on an apprenticeship scheme and give a brief summary of their achievements to date.

Applicant's Full name:

Trade:

Year of Study: of

How many modules per year to be completed:

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Please attach a schedule and/or invoice of the cost of your study for the year, or a written quote for tools.

Contact details for two referees:

1.....

2.....

Tutor's Details:

Applicant's Details:

Signature:..... Signature:.....

Name Name:

Phone Number: Phone Number:

Date: Email:

For office use only:

Scholarship funding history:

WHAKAPAPA FORM

PLEASE COMPLETE YOUR WHAKAPAPA BACK TO THE AOTEAROA TRUST SHAREHOLDER.

APPLICANT'S NAME:

SHAREHOLDER OR WHĀNAU TRUST & DONOR OF SHARES NAME:

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SHAREHOLDER NUMBER:

Please attach certified birth certificates to support whakapapa. This form will be held for future reference.
(Complete on a separate page if required)

WHAKAPAPA		
	_____	_____
	_____	GG Father
	G Father	_____
	_____	GG Mother
_____		_____
Father	_____	GG Father
	G Mother	_____
		GG Mother

Student		_____
	_____	GG Father
	G Father	_____
		GG Mother
_____		_____
Mother	_____	GG Father
	G Mother	_____
		GG Mother