

ŌRAKA-APARIMA RŪNAKA INCORPORATED SOCIETY

175 Palmerston Street, Riverton, 9822

E: office@orakaaparima.org.nz

P: (03) 234 8192 / 0800 234 8192

W: www.orakaaparimarunaka.co.nz



KĀ PŪTEA SCHOLARSHIP APPLICATION FORM

The aim of this scholarship is to provide financial support to Ōraka-Aparima Rūnaka whānau who are furthering their education.

This grant is for Ōraka-Aparima Rūnaka members only.

Scholarship applicants are asked to write about themselves. Please write a personal presentation between 250-500 words, what your goals and aspirations are and what this scholarship would mean to you. If you have any current involvement with the Rūnaka, or you have been involved, please include this information in your presentation.

Applicants must be enrolled with a recognised NZQA approved institution. Applications will be accepted from students attending an overseas institution. That institution must meet the NZQA equivalent standards and be recognised as a qualification in New Zealand.

The scholarship amount awarded may vary and is decided on an individual basis.

Applicants must provide receipts showing fees have been paid for or a copy of the student loan entitlement advice. Free courses are **not** eligible for the grant.

The education scholarships are **not** considered for living expenses, only course fees.

Scholarship funds must be used for the purpose applied for. Failure to do so could result in a request for funds to be returned.

On completion of their studies, successful applicants are asked to write to the directors outlining their achievements, their aspirations and thoughts on how they could contribute towards our Ōraka Aparima Rūnaka community.

By applying for this grant, applicants are consenting to the reporting of their success in receiving a grant and the purpose of which the grant was given.

Please complete the form below and send completed and signed, with any supporting documents through to office@orakaaparima.org.nz.

APPLICANT DETAILS

Full Name:

First

Last

DOB:

Address:

Street Address

City

Post Code

Phone:

Email:

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STUDY DETAILS

Full Title of Intended Qualification: _____

Education Provider: _____

Location: _____

Is this your first year of tertiary study? YES NO If no, what year are you ? _____

Full time or Part time study: _____ Level of Study: _____

BANK ACCOUNT DETAILS

Account Name: _____

Account Number: _____

Please attach proof of bank account

APPLICANT DECLARATION

I declare that the information given in this application is true and correct.
I consent to details in my application being used to produce grant reporting.

Signed by Applicant: _____ Date: _____

CHECKLIST

Please use this checklist to ensure your application is complete:

- ☐ I am a registered Ōraka-Aparima Rūnaka member
- ☐ Application form is completed and signed
- ☐ Attached presentation
- ☐ Attached proof of bank account
- ☐ Attached proof of course fees