

**PERSONAL INFORMATION**

Surname or Family Name(s)

Given Name(s)

Postal Address



Postcode

Phone Number (daytime)

Phone Number (Mobile)

Email:

Date of Birth

Day

Month

Year

**Ethnicity**

What ethnic group(s) do you belong to? *(Please tick appropriate box(es))*

- |  |  |
|--|--|
| <input type="checkbox"/> European/Pakeha or New Zealand European | <input type="checkbox"/> New Zealand Maori |
| <input type="checkbox"/> Samoan                                  | <input type="checkbox"/> Cook Island Maori |
| <input type="checkbox"/> Tongan                                  | <input type="checkbox"/> Niuean            |
| <input type="checkbox"/> Tokelauan                               | <input type="checkbox"/> Fijian            |
| <input type="checkbox"/> Chinese                                 | <input type="checkbox"/> Indian            |
| <input type="checkbox"/> Other <i>(please specify)</i>           |  |

**SECONDARY EDUCATION**

What is the name of the last secondary school, Trades Academy or tertiary institute you attended or are currently attending?

What year/course are you currently completing (eg year 12)?

What year did you first attend this school?

National Student Number (NSN)

Please outline your secondary school & tertiary (if any) academic record (include details of NCEA, National Qualifications Framework Unit Standards and any other awards and prizes gained). Attach a separate sheet if necessary.

## PROPOSED STUDY

Which of the programmes will you enrol in at WelTec/ Te Auaha in 2019?

NZ Certificate in Hairdressing (Salon Support) L3

NZ Certificate in Hairdressing (Emerging Stylist) L4

NZ Certificate in Beauty Therapy L4

NZ Certificate in Makeup Artistry L4

NZ Diploma in Beauty Therapy (Level 5)

How long do you expect to study with WelTec/ Te Auaha?

## CAREER ASPIRATIONS

Why are you interested in this line of study?

  
  
  
  

Tell us about your goals for the future, e.g. how this scholarship will assist you in furthering your career.  
(attach a separate sheet if required)

  
  
  
  

## FINANCIAL CIRCUMSTANCES

Please outline your financial circumstances and what you would like us to know in relation to your applying for this scholarship.  
(Please note the scholarship is applied directly to tuition fees or course related costs first. Any leftover will be paid to the successful recipient).

## MOTIVATION/WORK ETHIC

Further information that will demonstrate your ability to commit to a project in order to achieve your goal (e.g. employment, personal, community activities, cultural, sporting, etc.)

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## FURTHER INFORMATION

Is there any further information you wish the selection panel to consider?

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## REFEREES

Please supply the names of two referees who may be contacted to support your application  
**(complete all fields do not nominate partners or family members as referees).**

|                         |                      |                         |                      |
|-------------------------|----------------------|-------------------------|----------------------|
| Name                    | <input type="text"/> | Name                    | <input type="text"/> |
| Address                 | <input type="text"/> | Address                 | <input type="text"/> |
| <input type="text"/>    |                      | <input type="text"/>    |                      |
| <input type="text"/>    |                      | <input type="text"/>    |                      |
| Telephone<br>(day/work) | <input type="text"/> | Telephone<br>(day/work) | <input type="text"/> |
| (evening/home)          | <input type="text"/> | (evening/home)          | <input type="text"/> |
| Email                   | <input type="text"/> | Email                   | <input type="text"/> |
| Relationship to referee | <input type="text"/> | Relationship to referee | <input type="text"/> |

## DECLARATION BY APPLICANT

I declare, that to the best of my knowledge, the information provided by me is true and correct.

Signature of Applicant

Date

## CONDITIONS

1. The scholarships will be awarded on the basis that the information supplied is true and correct and Wellington Institute of Technology on behalf of Te Auaha reserves the right to withdraw the scholarship if the information is proved inaccurate.
2. The Scholarship must be accepted by the date indicated in the letter of offer. If any candidate declines a Scholarship, or does not accept the Scholarship by the required date, the Selection Panel may offer the Scholarship to another person. A Scholarship must be taken up in the year for which it is offered.
3. Payment will be paid first to tuition fees and course related costs and finally if any is left over to the student.
4. Scholarship funds are not entitled to be refunded
5. Scholarship recipients may be required to repay part or all of the scholarship funds if they withdraw from the programme or transfer to another programme.
6. The decision of the Selection Panel will be final and no correspondence will be entered into.
7. Successful candidates must be willing to feature in the World of WearableArt and/or WelTec/ Te Auaha promotional material/publications.

## APPLICANT CHECKLIST

Please ensure you have included the following so that your application can be processed:

- Answered all questions on the application form
- Relevant testimonials and references attached
- Support documents (if applicable)
- Academic records - send verified copies of valuable documents such as school reports, NZQA results as the documents will not be returned to applicants
- Financial details (if applicable)
- CV

This application, together with the supporting material, must reach:

Scholarships Administrator  
C/- Wellington Institute of Technology  
Private Bag 39803  
Wellington Mail Centre  
Lower Hutt 5045

email: [scholarships@weltec.ac.nz](mailto:scholarships@weltec.ac.nz) **by 5.00pm 20 January 2019**

## PRIVACY STATEMENT

I acknowledge that:

- The personal information provided in this application is collected by and will be held by Wellington Institute of Technology whose address is Private Bag 39803, Lower Hutt 5045.
- The information provided here will be used for the purpose of administering and assessing the application. People having direct access to the information are, members of the Selection Panel considering the application, my school Principal and/or Guidance Counsellor, Wellington Institute of Technology and Te Auaha staff assisting the Selection Panel.
- I consent to my School Principal or nominated School representative or the Pastoral Care Co-ordinator for Wellington Trades Academy or Head of School of the tertiary institute if relevant being contacted for information relating to my school achievements.
- Failure to provide all the information requested may mean the Selection Panel is unable to fully consider my application.
- My name may appear in Wellington Institute of Technology and/or Te Auaha reports and/or World of WearableArt material if I am successful in receiving a scholarship.
- I have a right under the Privacy Act 1993 to obtain access to and request correction of any personal information held by Wellington Institute of Technology and/or Te Auaha concerning me.