

PO Box 514, Masterton 5840 4 Park Avenue, Masterton 5810 Web: www.pktrusts.nz E-mail: office@pktrusts.nz Ph: 06-3702952

Please print clearly

SCHOLARSHIPS AND GRANT APPLICATION FORM

This form is designed to be completed online and or printed and completed by the applicant

Please specify (■) the scholarship or grant you are applying for below

| | Secondary (Post primary) School Scholarship Opening: 1 September Closing: 31 October | | | |
|---|---|--|--|--|
| | Leadership and Personal Development Scholarship Open all school year * Budged conditions apply | | | |
| | Discretionary Grant Open all school year | | | |
| This application form is intended to be read in conjunction with the OVERVIEW which outlines the criteria and important information. | | | | |
| | | | | |

SECTION A | STUDENT'S DETAILS

| Name | | | | | | |
|--|--------------------------|----------|------------|------|------------|---|
| Gender | ☐ Female ☐ M | lale Dat | e of Birth | / / | | |
| Address | | | | | | |
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| | | | | | | |
| | | | | | | |
| | | | | | Post Code: | |
| Telephone | Home | | Mobile | (0) | | |
| Email | | | | | | |
| Student's Signature | | | | Date | / | , |
| otadont o Oignature | | | | Date | / | / |
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| SECTION B PERSONAL | STATEMENT | | | | | |
| Please explain what you woo You may comment on any a | uld like to achieve in t | | | | | |
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SECTION C | STUDENT'S PARENT/GUARDIAN/CAREGIVER'S DETAILS

| Parent/Guardian/Caregiver's Name(s) | |
|---------------------------------------|--|
| Address (if different from student's) | |
| | |
| | |
| | |
| Telephone | Email |
| Parent/Guardian/Caregiver's signature | Date / / |
| | |
| CECTION DI CECONDARY COMOCI INC | ODMATION |
| SECTION D SECONDARY SCHOOL INF | ORMATION |
| | |
| Name of Secondary School | |
| Student is a: | Day student |
| Student's Year of Study | 9 10 Full-Time boarding student Part-Time boarding student |
| | 11 12 13 |
| NZQA National Student Number / NSN | |

Enrolment verification is required; please have your secondary school confirm your enrolment with their school stamp or seal. (Enrolment confirmation letter and/or principal endorsement is also acceptable.)

NB: We also contact your nominated Secondary School at the beginning of the educational year to confirm your attendance at that school prior to the payment of the scholarship.

To be completed by School Principal, Dean or Teacher Comments **Position** Name Signature Date SECTION F | PROGRAMME/COURSE (Leadership & Personal Development Scholarship Applications only) NAME OF PROGRAMME/COURSE/WORKSHOP: Please provide a copy of any supporting information, or provider details to support your application. **Programme Dates** Start Finish **Programme Costs** Provide programme costs and if additional funding is required, how will this be sourced?

SECTION E | ACADEMIC ABILITY AND ACADEMIC APTITUDE (Leadership & Personal Development Scholarship Applications only)

SECTION G | WAIRARAPA WHAKAPAPA FORM

| Please fill out the Wairarapa Whakapapa For | m attached. | | | | | | | | | | | |
|--|--|--|----------------------------------|-----------|--|--|--|--|--|--|--|--|
| The Whakapapa Form must be completed and attached to this application unless you have been approved for funding in previous years. If you have received funding previously, please specify the year below: | | | | | | | | | | | | |
| Year approved | Year funding received | | | | | | | | | | | |
| School attended | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| SECTION H PRINCIPAL'S/DEAN'S/COUNSELLOR'S ENDORSEMENT (Discretionary Grant only) | | | | | | | | | | | | |
| For the Discretionary Grant only - Principal's/Dean's/Counsellor's support of the application form (This is confidential and is required for the Discretionary Grant only) – separate form to be attached to the application. | | | | | | | | | | | | |
| CHECK LIST | | | | | | | | | | | | |
| Please check your application to ensure all secti | · · · · · · · · · · · · · · · · · · · | | | | | | | | | | | |
| A – Student's Details | E – Academic ability and aptitude (Leadership & Person | al Development | t Scholarsh | nip only) | | | | | | | | |
| B – Personal Statement | F – Programme/Course (Leadership & Personal Develo | pment Scholars | hip only) | | | | | | | | | |
| C – Student's Parent/Guardian/Caregiver | G– Wairarapa Whakapapa Form - Separate form filled o | out & attached | | | | | | | | | | |
| Details D – Secondary School Information | H – Principal's/Dean's/Counsellor's Endorsement - Separattached (Discretionary Grant only) | arate form filled | out & | | | | | | | | | |
| DECLARATION | | | | | | | | | | | | |
| I (print full name) | agree to the following condit | tions: | | | | | | | | | | |
| I understand that on receipt of the Secondary the academic year then the school shall return I understand that if my application is incomple I agree to support the Papawai & Kaikōkirikiri I understand that if I am awarded and accept a give my permission and agree to my name be promotional purposes. I agree by submitting this application my detail | • | al tree plantined usts events messessessessessessessessessessessessess | complete g days nay be use | | | | | | | | | |
| Student's Signature | | Date | / | / | | | | | | | | |
| Parent/Guardian/Caregiver's Signature | | Date | / | / | | | | | | | | |

Please submit your application and supporting documentation to: MAIL Papawai & Kaikōkirikiri Trusts P O Box 514 MASTERTON 5840 **COURIER** 4 Park Avenue MASTERTON 5810 **EMAIL** office@pktrusts.nz **WEB** www.pktrusts.nz **OFFICE USE ONLY** Application is complete: Yes No Application: Granted Ι Declined

WE ARE ALWAYS HERE TO HELP YOU

Information not received: