

SCHOLARSHIP APPLICATION FORM

Tauranga Moana Hearing Trust is a charitable Trust devoted to helping the Deaf and Hard of Hearing community within the Tauranga City Council Boundary.

ELIGIBILITY

Applicants:

- Can be adults, youth, hard of hearing, Deaf, or hearing persons working in the fields of hearing impairment or Deafness.
- Must be a New Zealand permanent resident;
- Must live in the Tauranga City Council Boundary and their study must benefit those in this area;
- Must have a proven interest level in the study to be undertaken.

Consideration will also be given to the economic needs of the applicant, their own and family circumstances (where appropriate) and the profession they wish to study for.

Conditions of Application

- Study can be undertaken in New Zealand or overseas.
 - Study can be at University, Polytechnic, on site, hybrid, or remote learning, or a Professional Development course.
 - Applicants can reapply yearly.
 - Scholarships granted will be specifically for fees and materials and will be paid to the supplier direct.
 - If the applicant does not complete the study they received the Scholarship for the grant must be repaid to the Trust.
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1 APPLICANT DETAILS

Date:	First Name(s):	Last Name(s):	
Street Address:		Unit Number:	Postcode:
Email Address:	Phone Number:		Date Of Birth:

2 STUDY DETAILS

Course or other activity to be undertaken:

Facility, i.e. University/Polytechnic:

Location of Facility:

Length of course:

3 COST DETAILS

Course fees:

Materials:

Travel:

Other resources:

 Written confirmation of course cost from faculty attached?: Yes

4 PRIOR STUDY/QUALIFICATION DETAILS

What qualifications have you achieved to date, i.e. School Certificate, NCEA, Polytech, University.

- Copies of certificates or qualifications must be supplied with your application.

1:

2:

3:

4:

5:

6:

 Copies of certificates or qualifications supplied?: Yes

5 Financial Information

This information is required to clarify “economic needs” sector. See “Eligibility” note on page 1.

5A: Are you currently in employment?: No Yes
 (if yes – fill in details below)

Name of Employer: Yearly Income \$: Occupation:
 \$

Please provide brief details of your major Assets and Liabilities – (of value \$1,000 and over):

ASSETS:		Amount:	LIABILITIES:		Amount:	Repayments:
Cash	\$		Mortgage	\$		
Home	\$		Loan/s	\$		
Vehicle/s	\$		Credit Card/s	\$		
Investments	\$		Student Loan	\$		
Other Assets (Please detail)			Family Loan	\$		
	\$		Other Liabilities (Please detail)			
	\$			\$		
				\$		

5B: If this Trust funds part of your costs where would the balance of the funding come from?

Your own funding?: No Yes Other (provide detail below)

5C: What other organisations have you applied to for funding for your study? (if applicable):

Organisation:	Amount applied for:
	\$
	\$
	\$

6 SUPPORTING DOCUMENTATION CHECKLIST

Copies of certificates/qualifications:	Yes	N/A	Two letters of support:	Yes
Written confirmation of course cost:	Yes		Two references:	Yes

7 ACHIEVEMENTS & PLANS

Please outline below your career plans, achievements to date, and community work undertaken:

What are your personal strengths and goals and how will this Scholarship help you achieve your goals?:

If your application is successful this Trust requests a thank you letter and photo for our website, social media and other promotional activity.

HAVE YOU ATTACHED ALL THE DOCUMENTATION REQUIRED FOR THIS APPLICATION?

DECLARATION:

The information I have given is a true and correct record.

Applicants signature:

Date:

PARENTAL AUTHORITY: (WHERE APPLICANT IS AGED UNDER 18)

I/We approve of this application and declare the information given is correct:

Signature of Parent/Caregiver:

Date:

Information provided in this application may be used for statistical purposes, i.e. what type of help is being applied for. Applicant's rights under the Privacy Act will be protected at all times.

email completed application to info@tmht.co.nz