AUCKLAND INSTITUTE OF STUDIES NEW ZEALAND

MĀORI GRANT APPLICATION FORM

28a Linwood Avenue, Mt Albert, Auckland 1025, New Zealand. Postal Address: PO Box 2995, Auckland 1140, New Zealand.
Telephone: (64-9) 815 1717 Fax: (64-9) 815 1802 Email: scholarships@ais.ac.nz Internet: www.ais.ac.nz

A limited number of grants are available for applicants of New Zealand Maori descents who wish to enrol at AIS in full-time Diploma and Degree programmes. To apply for a grant, please complete and submit an Enrolment Application Form along with this application.

A PERSONAL DETAILS

1	Surname (as it appears in your birth certificate or passport)	2	First Name(s)
3	Preferred name(s)		
4	Date of birth (DD/MM/YY)	5	Gender Male ☐ Female ☐

B CONTACT DETAILS

What is your main contact address (please note this will be used for all post correspondence. Please make sure this is kept up-to-date at all times and advise us of any changes.)

1	Street name and number Suburb City/town				
2	Phone	3	Mobile	4	Email
5	Please provide an alternative contact address. Street name and number Suburb City/town				

C EMERGENCY CONTACT DETAILS

Please provide the details of your parents / relative / next of kin whom we can contact in case of an emergency.

1	Name of Parents / Relative / Next of Kin			2	Relationship to applicant
3	Phone	4	Mobile	5	Email

D PROGRAMME Please state which programme you wish to apply for

1	Please state which programme you wish to apply for

E CONFIRMATON OF MAORI DESCENT

1	Iwi	2	Hapu
3	Marae		

F WRITTEN STATEMENT

1	Write a brief statement on what you perceive as the benefits of receiving the grants, what it will mean to you, and the contribution you will make towards the local community.

G DECLARATION

I confirm that I accept the conditions of the AIS Maori Grants scheme and that the information I have supplied is true and complete.

Applicant's signature Date