

# Hiwinui Heke Māori Pharmacy Student Scholarship Application Form

In partnership with Ngā Kaitiaki o Te Puna Rongoā o Aotearoa, the Māori Pharmacists' Association Inc (MPA), and PHARMAC this scholarship was established to support the education of Māori pharmacy students studying toward their Bachelor of Pharmacy degree and to promote pharmacy as a career.



Please email applications to [admin@mpa.maori.nz](mailto:admin@mpa.maori.nz)  
Or  
send by postal or courier services to:  
The Hiwinui Heke Maori Pharmacy Student Scholarship  
P O Box 42013  
Acacia Bay Post Shop, Taupō 3330  
Attention: Leanne Te Karu

All applications must be received by the 31 October each year  
to be eligible for an award.

Name of applicant:		
Student Identification #:		
Date of birth:		Gender: Male <input type="radio"/> Female <input type="radio"/>
Email address:		
Postal address:		
Contact numbers:	Day:	Cell:
Alternative contact name:		Contact number:
Relationship to applicant:		

I am studying at <sup>1</sup> :	
Please state year of study	

<sup>1</sup> You must be studying full time to be eligible for the scholarship and also be a member of MPA.

## Referees

Please provide below the name, address and telephone number of two referees:

e.g. Kaumātua, Kuia, Māori head of department, school principal or senior lecturer, who can be contacted if necessary to support your application.

Please advise these people that you have supplied their name and address in support of your application. It is not necessary to obtain written statements from them.

1. Name:	2. Name:
Title:	Title:
Phone:	Phone:
Address:	Address:

## Confirmation of enrolment at pharmacy school

This section must be signed by an authorised member of staff at your institution

Student Identification Number	
a) Name of tertiary institution	
Signed: (Member of the staff)	Name: (Printed)
Designation:	Date:

## Whakapapa

Iwi:	Hapū:	Marae:
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(If you know only part of your Whakapapa, give the details that are known to you.)

Koro:	Kuia:	Koroua:
Kuia:	Matua Tāne:	Whaea:
Kaitono:		

Kaumātua/Kuia Endorsement: To provide additional support on the Whakapapa above.

Kaumātua/Kuia Name:	
Kaumātua/Kuia Address:	
Contact Ph:	

## Essay (please choose one of the topics below)

Explain how you connect to whānau, hapū, iwi and other Māori health organisations and how this will benefit Māori? (500 words - in Te Reo or English)

Yes  No

Explain how you are able to develop and express yourself as Māori and how you plan to continue to do this as a pharmacist? (500 words - in Te Reo or English)

Yes  No

Are you, or have you been, the recipient of any other scholarships while at University? If yes, please list:

The Hiwinui Heke scholarships reward academic excellence and success. Therefore, we will only be awarding these scholarships once proof of examination results is provided at the end of the academic year.

## Certificate of accuracy

By submitting an application for a Hiwinui Heke Scholarship, you confirm that you are aware of the mana associated with it and accept the responsibility this confers on you. In the event of any action or conduct which in PHARMAC and Ngā Kaitiaki o Te Puna Rongoā reasonable opinion reduces the mana of the scholarship, the applicant accepts that their name may subsequently be removed from the records of scholars. It follows that any association with PHARMAC and Ngā Kaitiaki o Te Puna Rongoā may cease.

Student's signature:

Printed name:

Date:

## Documentation checklist

a) I have included COPIES of my academic record, awards, budget, Whakapapa etc to my application

b) I understand that if the supporting documentation is NOT attached to the application the panel may not consider my application.

c) I have ensured that I have answered ALL the questions and have ticked the box against the type of scholarship I wish to be considered for.

## Image release

If you are successful in your application, PHARMAC may wish to use your image in communications.

I understand the photograph included with my application may be used by PHARMAC across all media.

**I am happy to have my image used in communications from PHARMAC**

Yes  No

Signature

You can seek access to any images of you that PHARMAC holds, and make any related request, by contacting PHARMAC at: PHARMAC, PO Box 10254, Wellington 6143