APM Māori & Pasifika Scholarship Awards

Application Form

Please send this completed application, a headshot photograph and any supporting documentation to **nzscholarships@apmworkcare.co.nz**

1. Your details

Name

Address

DOB

Phone

Email

2. Scholarship award

- Māori Physiotherapist
- Pasifika Physiotherapist
- Māori Occupational Therapist
- Pasifika Occupational Therapist

3. Whakapapa/family background

Marae, Hapū, Iwi (if Māori)

Villages, Islands (if Pasifika)

Please attach supporting documents to verify your whakapapa/family background to this application. These may include a letter from iwi/hapū, kaumatua, matua, village/church leader/previous Māori or Pasifika scholarship award.

4. Proof of current tertiary education

This may include your student ID number, tertiary details, invoice, or letter of confirmation from institute.

APM

enabling better lives

5. About you

Our selection panel would like to know more about you.

Please provide a personal profile that can include whakapapa, skills, interests, experiences, areas of growth, future pathways and aspirations.

6. Choose one of the following questions and write your answer below

- Why have you chosen health as a career pathway? What would you like to contribute to, or how have you already contributed to uplifting Māori and/or Pasifika communities?
- What challenges have you faced in your journey (study or life), what helped you overcome these challenges and what lessons can others learn from your experiences?
- Explain how this scholarship will help you and how will this benefit Māori and Pasifika communities/health outcomes.

7. APM and You

As an emerging Māori and/or Pasifika health leader, how do your aspirations contribute to the vision of APM Aotearoa?

8. References

Please provide two references that can speak of your work (paid or voluntary), personal experiences and growth you have highlighted in your application. Include their name, contact details and the best method and time for us to contact them.

Referee 1

Name:	
Relationship to you:	
Contact Mobile:	
Contact Email:	
Preferred contact time:	AM PM

Referee 2

Name:	
Relationship to you:	
Contact Mobile:	
Contact Email:	
Preferred contact time:	AM PM

Submitting your application

Email your completed application form to **nzscholarships@apmworkcare.co.nz**

Remember to include:

- Completed application form
- High quality and clear headshot photo
- Supporting documentation for whakapapa/family background
- Any supporting documentation for your current tertiary education

Submit

APM
enabling better lives