

**Waikato Graduate Women Educational Trust  
Ngā Raukura Wāhine Mātauranga o Waikato**

**Merit Award for Doctoral Study at the University of Waikato - Application Form**

**Closing date: 30 April**

Completed applications, which must be received by the closing date, can be emailed to [wgwawards@gmail.com](mailto:wgwawards@gmail.com) or posted to GWET Awards Committee, PO Box 148, Hamilton 3240

Applicant's name \_\_\_\_\_  
Family name \_\_\_\_\_ Given name(s) \_\_\_\_\_

Address \_\_\_\_\_

Student ID number \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Thesis topic \_\_\_\_\_

Academic unit (e.g. Department/School etc) \_\_\_\_\_

Date of confirmed enrolment for PhD studies \_\_\_\_\_

<b>Supervisors</b>	<b>Name</b>	<b>Department/Academic Unit</b>
Chief supervisor	_____	_____
Other supervisors	_____	_____
	_____	_____
	_____	_____

- I confirm I have supplied all the information required and that all details provided are true and correct.
- I confirm I am currently enrolled as a full-time student at the University of Waikato for a first PhD degree.
- I give permission for the University of Waikato's Scholarships Office to supply the Awards Committee with a copy of my academic transcript of my previous University of Waikato qualifications (*please cross out if the qualification(s) are from another institution*).
- I agree that if awarded a Waikato Graduate Women Educational Trust Merit Award for Doctoral Study, I will provide a short (up to 300 words) written report within six weeks of completing my PhD.
- I agree that my name may be listed on the Awards webpage of the Waikato Graduate Women Educational Trust.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

***Please check you have included all information requested in the information document for this Award***

### Referee details

The applicant is responsible for giving the referee form to her academic referees. Referees must send their report separately to the Waikato Graduate Women Educational Trust Awards Committee by the closing date.

Name - referee 1 \_\_\_\_\_

Position/role in institution \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ Email \_\_\_\_\_

Name - referee 2 \_\_\_\_\_

Position/role in institution \_\_\_\_\_

Phone (day) \_\_\_\_\_ (evening) \_\_\_\_\_ Email \_\_\_\_\_