

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

**Merit Award for Masters 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 \_\_\_\_\_

Masters qualification enrolled in \_\_\_\_\_

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

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

<b>Supervisors</b>	<b>Name</b>	<b>Department/Academic Unit</b>
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Chief supervisor	_____	_____
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Other supervisors	_____	_____
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- I confirm I have supplied all the information required and that all details provided are true and correct.
- I confirm I am currently enrolled in a masters programme at the University of Waikato.
- 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 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 chief supervisor. The referees must send their confidential report directly to the Waikato Graduate Women Educational Trust Awards Committee by the closing date.

Chief supervisor's name \_\_\_\_\_

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

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