FIRST YEAR DOCTORAL AWARDS

PURPOSE

To assist women graduates currently enrolled in their first year of full-time study at a tertiary Institute in the Auckland area towards a PhD or named Doctorate. Students who have completed one year of full-time studies (or equivalent) are not eligible for consideration for this award.

If you are enrolled or intending to enrol at the University of Auckland you MUST apply using the online application form available at https://www.auckland.ac.nz/en/for/current-students/cs-scholarships-and-awards/cs-search-for-scholarships-and-awards.html#/form Applications not made online will not have a successful award recorded on your University of Auckland transcript.

Applicants enrolled at other institutes in the Auckland area should apply using the following form.

REGULATIONS

Up to five Doctoral Awards of \$10,000 will be available once a year.

- 1. Closing date: 10 April 2017
- 2. Applicants this Award must be:
 - a) women;
 - b) New Zealand Citizens or Permanent Residents;
 - c) Provide evidence of PhD enrolment at an Auckland research Institute and have access to the infrastructural support needed for her research degree;
 - d) To comply with the full-time study requirement of the Award, the amount of additional and paid work an Awardee may undertake either inside or outside the University shall not exceed a total of 500 hours in the year of the Award.
- 3. In making this award, the selection committee shall take account of the applicant's academic achievements, research qualifications and research plans.
- 4. The award may be held concurrently with a) any other awards or grants up to a value of \$20,000 as long as the terms of those awards or grants permit b) the Trustees are informed and approve (see 2(d) above).
- 5. Each applicant for these awards must submit her application **on the <u>current</u> prescribed application form and must include:**
 - a) An outline of the research being undertaken;
 - b) A verification statement from the Head of Department/Dean (as appropriate) as proof of enrolment;
 - c) A certified copy of evidence of status as a New Zealand Citizen or Permanent Resident;
 - d) A certified copy or Statutory Declaration of up to date academic record;
 - e) Confirmation that confidential references have been sought from two referees, one of whom must be the applicant's Doctoral supervisor.
- 6. On completion of her year of study, the holder of an award must present a short report, endorsed by her supervisor, to the Awards Coordinator of The Kate Edger Educational Charitable Trust.
- 7. Any publications arising from the research should acknowledge the award received from The Kate Edger Educational Charitable Trust.
- 8. A payment of \$10,000 shall be made immediately after acceptance of the award.

APPLICATIONS AND ENQUIRIES

Application Forms for these awards are available from: academicdresshire.co.nz/AwardsAvailable/DoctoralAwards
Enquiries to: awards@kateedgertrust.org.nz

Please send your completed application by:

Email attachment plus scanned copies of 4 b), c) and d) above to admin@kateedgertrust.org.nz
Or by post to First Year Doctoral Awards, The Kate Edger Educational Charitable Trust, Private Bag 93208, Parnell, Auckland 1151

Or hand delivered to Academic Dress Hire, 17 George Street, Parnell.

Closing date: 10 April 2017.

FIRST YEAR DOCTORAL AWARD Application Form

Apart from your application, the Verification Statement and the reports from your referees, no other information will be considered.

(All information provided is confidential)

1. PERSONAL DETAILS

NAME:				
Student ID no:	Tele	ephone number:		
Email:	N	1obile:		
Address: (Street address, not a PC				
RESIDENCY				
Are you a New Zealand Citizen	Yes / No	Permanent Resident	Yes / No	
Please supply a certified copy	-	ur status: a birth certificate, o passport pages.	itizenship certificate or	relevant
Institute and Department where	Doctoral research i	is being undertaken:		
Research Title:				
Brief abstract of Doctoral research sheet if desired.)	h: no more than 50	00 words, stating aims, objecti	ves and significance. (Uso	e separate
Draft Budget: to show how money (Use separate sheet if desired)	will be spent, e.g.	equipment, materials, field w	ork, software, travel, pub	lications etc.
Total \$				
Projected submission date for qua	alification:			

DOCTORAL SUPERVISOR

Title	First Nam	ne S	Surname	Tertiary	Institute
ACAD	EMIC RECO	ORD TO DATE			
Degree	e(s) Diplomas:			Year Attained: .	
Major a	academic field	l:		Tertiary Institu	te:
	-	ships, prizes or oth d concurrently du	_		studies. Also include details of any
Acader		xperience, in chro	•		/ears
					m To
Releva	nt refereed pu	ublications, books	, patents, or rep	orts published or accepte	d for publication:
				of your up-to-date acade	mic record to this application.
REFER	REES				
Head o	f Department	/ Dean (as appro	priate) from who	om a Verification Stateme	nt has been requested.
Title	First Name	Surname	Tertiary	Institute	Position
Two Re Supervi		nted with your wo	ork from whom y	ou have requested a repo	ort, one of whom must be your PhD
4		irst Name	Surname	Tertiary Institute	Position
1. 2.					

YOUR ASPIRATIONS FOR THE FUTURE:	
You must have the verification statement completed by the Head of Department / Dean (as appropr confirm that confidential references have been sought from two referees.	iate) and
FINAL CHECK Have you included:	
A certified <u>copy</u> or statutory declaration of your up-to-date academic record?	
A certified <u>copy</u> of evidence of your status as a New Zealand Citizen or Permanent Resident?	
A Verification Statement completed by your Head of Department/Dean (as appropriate)?	
I have asked two referees' (one of whom is my Doctoral Supervisor) to email confidential reports.	
I have completed the application form.	
Please ensure you keep a copy of your application.	
The Selection Committee will NOT consider applications that do not contain the above information.	
Your signature: Date:	
Applicants who are not submitting the on-line application to the University of Auckland should send the	is application by:
Email attachment plus scanned certified copies of academic record, and evidence of New Zealand Citiz Permanent Residency and Verification Statement to admin@kateedgertrust.org.nz	enship or
Or by post to First Year Doctoral Awards, The Kate Edger Educational Charitable Trust, Private Bag 932 Auckland 1151	08, Parnell,
Or hand delivered to Academic Dress Hire, 17 George Street, Parnell.	
Closing date: 10 April 2017	

FIRST YEAR DOCTORAL AWARD

Verification Statement

The purpose of this award is to assist a woman graduate currently enrolled in her first year of full-time study at a tertiary Institute towards a PhD or named Doctorate.

(All information supplied is confidential to those involved in the selection procedures.)

Please complete this form and return it <u>to the applicant</u>. It is her responsibility to send on her application with this statement and the reports from her two referees.

Applicant to complete box below:

	_
Applicant's name:	
Doctoral Research title:	
HEAD OF DEPARTMENT / DEAN (as appropriate) to complete	
The above named applicant for the First Year Doctoral Award has received official approval from	
to undertake the Research work described in her application. I confirm that she fulfils the regulations for enro as a full-time student if she receives this award.	olment
Signature of Head of Department / Dean (as appropriate)	
Signed: Date:	
Position:	
Tertiary Institute:	

FIRST YEAR DOCTORAL AWARD

Confidential Referee's Report Form

The purpose of this award is to assist a woman graduate currently enrolled in her first year of full-time study at a tertiary Institute towards a PhD or named Doctorate.

(All information supplied is confidential to those involved in the selection procedures.)

Please complete your report using the following format and e-mail to admin@kateedgertrust.org.nz under the heading

NAME OF APPLICANT:
The above named applicant for a First Year Doctoral Award has selected you to support her application. The Award Selection Committee requests your candid opinion of the applicant's scholastic ability, commitment and motivation for completing the qualification within the next 3 years and any other information you consider relevant to this application. (Please use additional page if necessary).
I have known this applicant for years in my capacity as
Name: Title of Position:
Department: Tertiary Institute:
Date:

Thank you for completing this form. Your contribution is appreciated.

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I have known this applicant for years in my capacity as
Name: Title of Position:
Department: Tertiary Institute:
Date:

Thank you for completing this form. Your contribution is appreciated.

STATUTORY DECLARATION

(Full name of declarant)
Of(Address of declarant)
hereby solemnly and sincerely declare that (Occupation of declarant)
Annexed to this declaration have been obtained and printed without alteration from the internet.
And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.
Declared at:
Signature of Declarant
Before me
(Signature of JP)

PLEASE NOTE – MAKING A FALSE DECLARATION IS A PROSECUTABLE OFFENCE