## THE KATE EDGER EDUCATIONAL CHARITABLE TRUST

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.

**Closing date: 15 April 2024**

**REGULATIONS**

1. Up to four Doctoral Awards of $11,000 will be available once a year.

2. Applicants to this Award must be:

1. women;
2. New Zealand Citizens or **Permanent** Residents;
3. Provide evidence of full-time\* PhD enrolment at an Auckland institute and have access to the infrastructural support needed for her research degree;
4. 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:

a) the applicant’s academic achievements, research qualifications and research plans.

b) the applicant’s referee statements

c) the applicant’s financial need

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.

5. Each applicant for these awards must submit her application **on the current prescribed application form and must include:**

1. An outline of the research being undertaken;
2. A verification statement from the Head of Department/Dean (as appropriate) as proof of enrolment;
3. A certified copy of evidence of status as a New Zealand Citizen or **Permanent** Resident;
4. A certified copy or Statutory Declaration of up to date academic record (this can be in the form of a certified digital document from the tertiary institution);
5. 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 $11,000 shall be made immediately after acceptance of the award.

**\***This scholarship is intended for students studying full-time towards a qualification. The Trustees understand that personal circumstances such as health conditions or impairments can limit a person’s ability to study full-time. Applications from students studying part-time due to disability will be therefore considered, but the applicant must include documentation supporting their reason for studying part-time. Examples of supporting documents include a letter of support from a disability service provider, the Students with Disabilities office, or your general practitioner. Students studying part-time due to disability who are successful in their application will be paid a pro-rata amount. For the purposes of this Award, a disability refers to both visible and invisible impairments including: blind and low vision, deaf and hearing impaired, head injury, ongoing medical conditions, diagnosed mental health conditions, physical/mobility impairments, speech impairments, Autism Spectrum Disorder, specific learning disabilities (e.g. dyslexia, dyspraxia, dyscalculia).

**APPLICATIONS AND ENQUIRIES**

Application Forms for these awards are available from: [https://www.academicdresshire.co.nz/Academic+Awards+Available/Doctoral+and+Post+Doctoral+Awards.html](https://www.academicdresshire.co.nz/Academic%2BAwards%2BAvailable/Doctoral%2Band%2BPost%2BDoctoral%2BAwards.html)

Enquiries to**:** awards@kateedgertrust.org.nz

**Please send your completed application by:**

Email attachment plus scanned copies of 5 b), c) and d) above to: awards@kateedgertrust.org.nz

All applications will receive an email confirming that the application has been received. If you do not receive an email, please contact the Awards Coordinator at awards@kateedgertrust.org.nz

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FIRST YEAR DOCTORAL AWARDS

Application Form

All information provided is confidential.

**Apart from your application, the verification statement and the reports from your referees, no other information will be considered.**

PERSONAL DETAILS

Name: Click here to enter text.

Student ID number: Click here to enter text. Mobile: Click here to enter text.

Email: Click here to enter text.

Address: Click here to enter text.

Will you be a full-time student this year? Choose an item.

Are you a New Zealand citizen? Choose an item.

Are you a **Permanent** Resident of New Zealand? Choose an item.

**Please supply a certified copy of evidence of your citizenship status: a birth certificate, citizenship certificate or relevant passport pages (e.g. if you are a Permanent Resident, you must supply a copy of your Permanent Resident Visa). If you are offered an award, you will be required to prove that you are enrolled as a full-time student for the duration of the award.**

DOCTORAL RESEARCH

Where are you enrolled as a doctoral student? Click here to enter the name of the tertiary institute and department where you are studying.

What was the date of your initial doctoral enrolment? Click here to enter a date.

Research title: Click here to enter the provisional title of your thesis.

Please write a brief abstract of your doctoral research (outline aims, objectives and significance) in no more than 500 words:

Click here to enter text.

Draft budgetshowing how the money from this award will be spent, e.g. salary, equipment, materials, field work, software, travel, producing publications, etc.

|  |  |
| --- | --- |
| Add to or delete rows from this table as necessary |  |
|  |  |
|  |  |
|  |  |
| TOTAL |  |

Please list all scholarships or awards you currently hold, including their annual value:

Click here to enter names of scholarships or awards, and their p.a. value. This includes paid study leave.

SUPERVISION

Please provide the names of your doctoral supervisors

|  |  |
| --- | --- |
| **Name** | **Institute** |
| Click here to enter the full name and title of your main supervisor. | Tertiary institute where they work |
| Click here to enter the full name and title of your co-supervisor or secondary supervisor | Tertiary institute where they work |
| Click here to enter the full name and title of a third supervisor or advisor, if applicable. Delete row if not applicable | Tertiary institute where they work. |

ACADEMIC RECORD TO DATE

|  |  |
| --- | --- |
| Name of degree or diplomaClick here to enter text. | Year attainedClick here to enter text. |
| Major academic fieldClick here to enter text. | Tertiary instituteClick here to enter text. |

|  |  |
| --- | --- |
| Name of degree or diplomaClick here to enter text. | Year attainedClick here to enter text. |
| Major academic fieldClick here to enter text. | Tertiary instituteClick here to enter text. |

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| --- | --- |
| Name of degree or diplomaClick here to enter text. | Year attainedClick here to enter text. |
| Major academic fieldClick here to enter text. | Tertiary instituteClick here to enter text. |

Please list all scholarships or awards of which you were a recipient prior to your doctoral enrolment:

Click here to enter names of scholarships or awards.

How many years of academic research experience do you have? Choose an item.

What was the nature of this research experience (e.g. Master’s thesis, research assistant, summer scholarship, etc)?

Click here to enter a brief outline of the kinds of research work you have experienced, and indicate the time frame in which you undertook this research.

Please list any refereed publications, books, patents, or reports published or accepted for publication that you have authored.

Click here to enter a bibliography of your work, if applicable.

**Please attach a certified copy of your up-to-date academic record, or a current downloaded version of your unofficial transcript, accompanied by a statutory declaration (a statutory declaration form is available at the end of this application form).**

FUTURE GOALS

What are your aspirations for the future?

Click here and write up to 300 words.

REFERENCES

You must provide a verification statement signed by your Head of Department or Dean, as applicable (see next page). Please give their title, full name, the institute where they are employed, and their position here:

Click here to enter the details of your HOD or Dean.

We also require confidential references from two referees acquainted with your academic work, one of whom must be one of your doctoral supervisors. Please notify them to email us one of the reference forms included below, and provide their names and email addresses here:

|  |  |
| --- | --- |
| NameClick here to enter the first referee’s full name, and their title. | Email addressClick here to enter text. |
| NameClick here to enter the second referee’s full name, and their title. | Email addressClick here to enter text. |

FINAL CHECK

Please check each statement to confirm you have met all requirements:

|  |
| --- |
| I have read the purpose and regulations of the award |[ ]
| I am a full-time student |[ ]
| I have given full details in every section |[ ]
| I have enclosed all the supporting documents required, including a certified copy of proof of my Permanent residency or citizenship status, and **either** a certified copy of my official transcript **or** my downloaded unofficial transcript accompanied by a statutory declaration |[ ]
| I have included a completed Verification Statement signed by my HOD or Dean |[ ]
| I have asked two referees, one of whom is my doctoral supervisor, to email a confidential report |[ ]

**The Selection Panel will NOT consider applications that do not contain the required information.**

Please keep a copy of your application.

Your signature: Date: Click here to enter a date.

Please send this completed application form, together with the completed verification statement, and certified copies of your official academic record or a statutory declaration accompanying your current unofficial transcript, and evidence of New Zealand Citizenship or Permanent Residence, by:

* Email attachment to awards@kateedgertrust.org.nz

All applications will receive an email confirming that the application has been received. If you do not receive an email, please contact the Awards Coordinator at awards@kateedgertrust.org.nz

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Verification Statement

The purpose of a First Year Doctoral Award is to assist a woman graduate currently enrolled in her first year of full-time study at a tertiary Institute in the Auckland region 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 to the applicant. It is her responsibility to send on her application with this statement attached.**

APPLICANT TO COMPLETE

Applicant’s Name: Click here to enter text.

Doctoral research title: Click here to enter text.

HEAD OF DEPARTMENT/DEAN TO COMPLETE

The above named applicant for the First Year Doctoral Award has received official approval from Click here to enter text to undertake the research work described in her application. I confirm that she fulfils the regulations for enrolment as a full-time student.

Name: Click here to enter your full name.

Position: Choose an item.

Tertiary Institute: Click here to enter the name of your university/other tertiary provider.

Signed: Date: Click here to enter a date.

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Please complete the following form and e-mail to awards@kateedgertrust.org.nz using the subject line ‘First Year Doctoral Awards’.

|  |  |
| --- | --- |
| **Applicant** | **Referee** |
| Name: Click here to enter applicant’s name. | Name: Click here to enter referee’s name. |
|  | Institute: Type name of tertiary institute. |
|  | Department: Click here to enter department. |
|  | Position: Click here to enter job position. |

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.

Click here to enter text.

How long have you known the applicant?

Click here to enter text.

In what capacity do you know the applicant?

Click here to enter text.

Signed: Date: Click here to enter a date.

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|  |  |
| --- | --- |
| **Applicant** | **Referee** |
| Name: Click here to enter applicant’s name. | Name: Click here to enter referee’s name. |
|  | Institute: Type name of tertiary institute. |
|  | Department: Click here to enter department. |
|  | Position: Click here to enter job position. |

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.

Click here to enter text.

How long have you known the applicant?

Click here to enter text.

In what capacity do you know the applicant?

Click here to enter text.

Signed: Date: Click here to enter a date.

STATUTORY DECLARATION

For downloaded documents

**I**

Click here to enter your full legal name

**of**

Click here to enter your residential address.

**solemnly and sincerely declare that the following documents (copies of which are attached to this declaration) have been obtained and printed without alteration from the internet or email sources**

¶ *Note: what you write must be true. You can be prosecuted for making a false declaration*.

|  |  |  |
| --- | --- | --- |
|  | *Date downloaded* | *No of pages* |
| A | Click here to enter a description of document A. | Click here to enter a date. | Click here to enter text. |
| Click here to enter website URL or sender’s email address. |
| B | Click here to enter a description of document B. | Click here to enter a date. | Click here to enter text. |
| Click here to enter website URL or sender’s email address. |
| C | Click here to enter a description of document C. | Click here to enter a date. | Click here to enter text. |
| Click here to enter website URL or sender’s email address. |

¶ *Note: do not complete the section below until you are with the Justice witnessing your declaration*.

**I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.**

Your signature:

Declared at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ before me:

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|  |

Signed:

Justice of the Peace for New Zealand