

# HOPE Foundation Scholarship for Research on Ageing – Application Form



THE UNIVERSITY OF  
**WAIKATO**  
*Te Whare Wānanga o Waikato*

This application must be submitted to:

**By email:** [scholarships@waikato.ac.nz](mailto:scholarships@waikato.ac.nz)

**By post:** Scholarships  
School of Graduate Research  
The University of Waikato  
Private Bag 3105  
HAMILTON 3240

**In person:** Scholarships  
School of Graduate Research Reception  
Level 0, Te Manawa – Student Centre

**Applications close at 5.00 p.m. on 31 October 2020.**

Enquiries can be directed to: Tel. +64 7 858 5096  
E-mail [scholarships@waikato.ac.nz](mailto:scholarships@waikato.ac.nz)

**Please ensure that all questions are answered and that all the required attachments accompany this application form. You may jeopardise your chances of success if you do not complete your application properly.**

**When preparing your attachments, please do not use staples, special binding, coloured ink or paper. To fasten documents together, please use paper clips or bulldog clips. This is because all documents will be scanned and sent electronically to the Selection Panel.**

## APPLICATION DETAILS

### NAME

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Full Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

### CONTACT DETAILS

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Please keep your contact details up to date in [MyWaikato](#) as they will be used in any correspondence regarding this application.

Street Number and Name: \_\_\_\_\_

Suburb: \_\_\_\_\_

Town/City: \_\_\_\_\_

Post Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

## PREVIOUS ENROLMENT

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Have you previously been enrolled at the University of Waikato?

Yes

No

What academic qualifications do you currently hold?

|                      |                      |                    |
|----------------------|----------------------|--------------------|
| Qualification: _____ | Year of Award: _____ | Institution: _____ |
| Qualification: _____ | Year of Award: _____ | Institution: _____ |
| Qualification: _____ | Year of Award: _____ | Institution: _____ |

## STUDY INTENTIONS

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Please indicate the masters or doctoral qualification that you intend to be enrolled in in 2021:

Qualification: \_\_\_\_\_

Faculty: \_\_\_\_\_ Department: \_\_\_\_\_

Proposed Start Date: \_\_\_\_\_ Proposed End Date: \_\_\_\_\_

## PROPOSED RESEARCH PROGRAMME

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Title of Research Proposal: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Proposed Chief Supervisor: \_\_\_\_\_

Chief Supervisor's Department: \_\_\_\_\_

## OTHER FUNDING

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Have you applied for and/or received any other funding (scholarships, awards, etc.) for the above research programme?

Yes

No

*If 'Yes', please list below.*

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

## ETHICAL APPROVAL

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Has your project being given ethical approval?

Yes

No

Not required

## PREVIOUS RESEARCH

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Have you previously conducted research in the area of ageing?

Yes

No

*If 'Yes', please provide details: (Title of project, supervisor, date of completion, affiliated institution). If any written report resulted from this research please include a copy with your application.*

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## PUBLICATIONS

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Please list any journal articles/books/book chapters/major reports in the area of ageing you have published.

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## REFEREES

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Please provide the names and contact details of the **two** referees you have asked to submit written references in support of your application. One of the referees should be your chief supervisor.

Your referees must email their references directly to [scholarships@waikato.ac.nz](mailto:scholarships@waikato.ac.nz) by the closing date.

**Referee 1:**

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**Referee 2:**

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## SUPERVISOR TO COMPLETE

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What is your budget for this research project?

**Please attach your budget plan to this application.**

How would additional support from the HOPE Foundation assist the applicant and the research project?

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Would the project be able to proceed without HOPE Funding?

Yes

No

Does this project already have other external funding?

Yes

No

*If 'Yes' please state how much funding the project has received in total.*

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Has the project been reviewed by a scientific or commercial reviewing agency?

Yes

No

Pending

*If 'Yes' please give the name of the agency/organisation/committee and attach a copy of the report, if available.*

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## CURRICULUM VITAE

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Please provide a brief CV, including a list of any journal articles, books, book chapters or major reports you have had published in the area of ageing.

## ATTACHMENTS

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**Please attach the following.**

### **SUPERVISOR:**

- A brief curriculum vitae of no more than two A4 pages in length, including a list of any journal articles, books, book chapters or major reports you have published in the area of ageing
- A Budget Plan

## SUPERVISOR'S SIGNATURE

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## ATTACHMENTS

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***Please attach the following to your application form.***

### **APPLICANT:**

- A brief description of your proposed research (no more than three A4 pages), including how the research meets the objectives of the HOPE Foundation for Research on Ageing.
- If applicable, a full verified copy of your academic transcript(s) from any tertiary institution(s) (other than the University of Waikato) at which you have previously studied.

## APPLICATION CHECKLIST

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***Please tick to show that the following information has been included in this application:***

- Your signature, name, email address and phone number
- Your supervisor's signature, name, department and list of their publications on ageing
- Budget and how the grant will be spent
- Has ethics approval been granted or is it being sought
- Your qualifications and awards to date and any previous research on ageing
- Intended postgraduate degree
- A brief description of the research proposal – **no more than three pages**
- Name and contact details for two referees – one could be your supervisor
- How the research meets the objectives of the HOPE Foundation for Research on Ageing

## CONDITIONS

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I understand that:

1. If I am offered and accept a HOPE Foundation Scholarship for Research on Ageing, I will only be eligible to be formally awarded the Scholarship if I enrol full- or part-time in a masters or doctoral thesis at the University of Waikato in a topic related to ageing in the year of tenure, and comply with all other requirements of the Scholarship.
2. The HOPE Foundation may terminate a Scholarship at any time, and recoup any funds awarded, if it is satisfied that the recipient is not following the required programme or is not otherwise complying with the conditions governing the Scholarship and/or the University of Waikato.

## PRIVACY DECLARATION

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The information provided in this application will be used solely for the purposes of assessing your eligibility and suitability for the Scholarship for which you are applying. Personal information contained in this application will be made available to members of the Scholarships Committee, members of the Selection Panel, staff of the HOPE Foundation, and staff of the School of Graduate Research.

The University of Waikato undertakes to store your application electronically. Should you have reason to believe that information held about you in either your application or your academic record is incorrect, you have the right of access to, and correction of, that information.

The University and/or the HOPE Foundation may contact the persons you have named in your application as referees for further information. Any such direct contact with these referees will be made on a strictly confidential basis. The University may not divulge details to you about the content of such confidential references without the written authorisation of the referees.

SIGN HERE

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_