



# Te Whatu Ora – Midcentral Rainbow Nursing Scholarship.

## UCOL Te Pūkenga & Te Whatu Ora Te Pae Hauora o Ruahine o Tararua - MidCentral

### About this Scholarship

Each year, UCOL Te Pūkenga and Te Whatu Ora - MidCentral award \$1,500 to one or more learners enrolled in our Bachelor of Nursing at the Manawatū campus, who identify as part of the rainbow (LGBTQIA+) community, to help with course-related costs and/or financial assistance during a nursing placement.

### Criteria

- Applicant must be enrolled in the Bachelor of Nursing at UCOL Te Pūkenga Manawatū campus.
- Should an applicant not attend classes, the scholarship will need to be returned to UCOL Te Pūkenga.
- Applicants must identify as part of the rainbow (LGBTQIA+) community.
- Be a New Zealand citizen or hold permanent residency.
- Write a personal statement detailing your current situation, your lived experience as an LGBTQIA+ person, how the scholarship funding will be of assistance to you, and what your aspirations are once you have completed studying.
- Successful applicants must write a short report at the end of the semester commenting on how the grant has supported them.
- Provide at least one written and signed professional reference from either your lecturer, or a current/former employer.

You may be contacted by UCOL Te Pūkenga or Te Whatu Ora - MidCentral for further information.

Please tick this box if you're comfortable for your report (in part or full) to be used for publicity purposes).

### What To Do

Applicants should complete this form and email it to [ScholarshipPN@ucol.ac.nz](mailto:ScholarshipPN@ucol.ac.nz) or hand it in to:  
Information Centre, UCOL Te Pūkenga  
Private Bag 11022  
Palmerston North 4442  
Attention: Scholarship Administrator

**Applications Close 30 April each year,**



# Scholarship Form

## Te Whatu Ora – Midcentral Rainbow Nursing Scholarship

### 1 Personal Details

Please supply us with current contact information so that we can keep you informed of your application status.

Name:	<input type="text"/>		
Legal First Name(s): If different from above	<input type="text"/>		
Legal Surname:	<input type="text"/>		
Student ID Number:	<input type="text"/>		
Date of Birth:	<input type="text" value="DAY"/>	<input type="text" value="MONTH"/>	<input type="text" value="YEAR"/>
Address:	<input type="text" value="STREET ADDRESS"/>		
	<input type="text" value="SUBURB"/>	<input type="text" value="TOWN"/>	<input type="text" value="POSTCODE"/>
Phone:	<input type="text"/>		
Email:	<input type="text"/>		

### 1 Statement

Personal statement: Please detail your current situation, your lived experience as an LGBTTQIA+ person, how the scholarship funding will be of assistance to you, and what your aspirations are once you have completed studying.

Signature:

Date: