Undergraduate Study Scholarship Form
Form Preview

Undergraduate Study Scholarship

* indicates a required field

The **Undergraduate Study Scholarship** supports nursing and midwifery students to continue their studies by helping reduce the financial barriers associated with tertiary education.

The scholarship recognises not only academic achievement, but also the qualities that define exceptional health professionals - commitment to patients, contribution to the nursing profession, and service to communities. By investing in students today, Nursing Research Aotearoa is helping strengthen the future nursing and midwifery workforce across New Zealand.

Applicants: please note

This section of the application form will confirm your eligibility for this grant.

Generative AI must not be used to complete this application.

We will not consider incomplete applications or applications received after the closing date.

You will automatically receive a PDF copy of your application after it is submited.

Application Number

This field is read only.

Confirmation of Eligibility

You are a Bachelor of Nursing or Bachelor of Midwifery student who has successfully completed year two of the programme; or you are a Diploma of Enrolled Nursing student who has successfully completed the first semester of study. *

○ Yes ○ No

Are you an Aotearoa New Zealand citizen who is living in New Zealand? *

○ Yes ○ No

Are you an internationally qualified nurse (IQN) working / studying in Aotearoa New Zealand? *

○ Yes ○ No

Have you recieved a Nursing Education and Research Foundation (NERF) grant or scholarship within the last 12 months? *

○ Yes ○ No

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Eligibility Result

Based on your responses

You DO NOT meet the eligibility requirements

You cannot proceed with this application as you do not meet the eligibility requirements.

You ARE eligible to submit an application

Please proceed with your application.

Contact Details

* indicates a required field

Applicant Details

Applicant *
First Name Last Name

Make sure you provide the same name that is listed in official documentation.

Applicant address
Address

Applicant phone number *

Must be a New Zealand phone number.

Applicant email address *

Must be an email address.

Ethnicity *

You may select more than one option

Gender *

Self-Describe:

Priority Applications

* indicates a required field

Priority Applications

Priority will be given to applicants who have not received external support.

Have you recieved a grant, from any source, within the last 2 years? *
○ Yes ○ No

Are you receiving any financial support or income? *
☐ Employment
☐ Work and Income Benefit
☐ Scholarship and / or Grant
☐ Student Allowance and / or Loan
☐ Other

You are NOT eligible or have been turned down for Health Workforce New Zealand funding ? *
○ Yes ○ No

Document Upload

Please upload the following documents as image files or PDF with a maximum file size of 25MB

Evidence of any income, grants or scholarships that you are receiving / have recieved within the last two years.
Attach a file:

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Enrolment Information

* indicates a required field

Enrolment Information

What is the name of your Polytechnic, University, Wānanga? *

Please use the organisation's full name. Make sure you provide the same name that is listed in official documentation.

What is the programme of study are you undertaking or enrolled in? *

Are you in your final year of study? *
○ Yes ○ No

Are you / will you be studying full time or part time? *
○ Full time study ○ Part time study

What year did you undertake Te Tiriti o Waitangi training or Cultural Competency training? *

How did you find out about this scholarship? *
☐ Social Media
☐ Kaitiaki
☐ Advertisements
☐ NZNO
☐ Nursing School
☐ Place of Work
☐ Word of Mouth
At least 1 choice must be selected.
Select all that apply

Document Upload

Please upload the following documents as image files or PDF with a maximum file size of 25MB

Proof of Enrolment *
Attach a file:

Ensure document shows your name, course name and start date.

Student ID *
Attach a file:

Academic Transcript *
Attach a file:

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Application Questions

* indicates a required field

Your case study *

Word count:
Describe your clinical practice scenario / event from inception to completion Max 300 words

Your community contribution *

Word count:
How and what do you do to help others, being any of family, colleagues, community, events and more Max 300 words

What are your long-term nursing career goals? *

Word count:
Max 300 words

Referees

* indicates a required field

Referee 1 *
First Name Last Name

Referee 1 Phone Number *

Must be a New Zealand phone number.

Referee 1 Email *

Must be an email address.

Upload reference letter *
Attach a file:

Upload image file or PDF. 25MB max file size

Referee 2 *
First Name Last Name

Referee 2 Phone Number *

Must be a New Zealand phone number.

Referee 2 Email *

Must be an email address.

Upload reference letter 2 *
Attach a file:

Upload image file or PDF. 25MB max file size

Confirmation

* indicates a required field

I confirm that the information provided in this application is true and accurate to the best of my knowledge. I confirm that the responses in this application are my own work and have not been generated or written using artificial intelligence (AI) tools. *

○ Yes

Information from applications may be aggregated and analysed to understand application and funding trends, evaluate our programmes and to support equitable distribution of funding.