# **The Hinepare Scholarship**

## **Application Form**

The Hinepare Scholarship award acknowledges and recognises the life of Hinepare Patricia Hollingsworth, a cherished kuia to the wider Mana Enhancing STOP whānau in Rotorua. Her compassion, strength, and dedication to uplifting others through recovery have left a lasting legacy. Hinepare's encouragement of people in their darkest moments continues to inspire the kaupapa of Mana Enhancing STOP Trust today.

This scholarship was established to honour her memory and to continue her mahi by supporting Māori with lived experience with Alcohol and other Drugs (AOD) challenges who are pursuing further education.



#### PERSONAL INFORMATION

Family Name:	
Given name(s):	
lwi/Hapū:	
Phone Number:	
Email Address:	
Secondary Contact (number/email):	
I can confirm Māori Ancestry (Yes/No):	

#### **STUDY DETAILS**

Student ID Number (if applicable):	
Programme of Study:	
Academic Institution:	
Full-time or Part-time:	







_	_	_	_	_	_	_	#1

Name:				
Phone:				
Position:				
Email:				
<ul> <li>purpose of assessing</li> <li>Te Rau Ora agrees</li> <li>If my application is personal details or</li> <li>Applicants shall agree have applied. Such</li> </ul>	Privacy Statement  ovided in your application and your academic record will be used for the ang your application for the scholarship for which you have applied. to store your application in a secure and confidential place. successful, I agree that Te Rau Ora may use my scholarship and images for positive publicity for the Hinepare Scholarship. There to cooperate with any publicity of the scholarship for which they publicity may include material provided with your application, interviews with scholarship recipients.			
Declaration  I have read and understood the privacy statement above and agree to its conditions.  I have read and understand the guidelines for the Scholarship and agree to abide by them.  I declare that, to the best of my knowledge, all the information supplied in and attached to this form is true and correct.  I accept that providing false and incomplete information may result in the loss of any scholarship awarded.  Applicants Signature: Date:				
THE FOLLOWING DO  Curriculum Vitae  Academic Transe				
Letter of Support	(member of community, colleague, etc.)			

### **SUBMITTING YOUR APPLICATION FORM**

The completed application form and supporting documents should be sent to <a href="mailto:scholarships@terauora.com">scholarships@terauora.com</a>

Reason for applying for this Scholarship (max 200 words)

The completed application form and supporting documents must be received no later than **5pm**, **30 November 2025**.