The Māreikura Scholarship

Application Form

The Māreikura Scholarship acknowledges and recognises the many kuia who have stood firmly behind the kaupapa of Mana Enhancing STOP whānau in Rotorua. These wāhine have been true pou in the community, embodying compassion and unwavering dedication to supporting whānau through recovery.

This scholarship was established to honour these kuia who have provided a foundation to support our whānau through Alcohol and Other Drugs (AOD) challenges, and to carry their legacy forward by supporting Māori with lived experience of AOD challenges who are pursuing further education.

PERSONAL INFORMATION

Family Name:	
Given name(s):	
Iwi/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:	

TE RAU ORA
Strengthening Māori Health and Well-Being

MANA ENHANCING STOP
STOP TAKING OUR PEOPLE

Whare Tukutuku

REFEREE #1

Name:	
Phone:	
Position:	
Email:	

Privacy Statement

- The information provided in your application and your academic record will be used for the purpose of assessing your application for the scholarship for which you have applied.
- Te Rau Ora agrees to store your application in a secure and confidential place.
- If my application is successful, I agree that Te Rau Ora may use my scholarship and personal details or images for positive publicity for the Māreikura Scholarship.
- Applicants shall agree to cooperate with any publicity of the scholarship for which they have applied. Such publicity may include material provided with your application, photographs, and 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 DOCUMENTS MUST BE ATTACHED TO YOUR APPLICATION

☐ Curriculum Vitae

☐ Academic Transcript

☐ Letter of Support (member of community, colleague, etc.)

☐ Reason for applying for this Scholarship (max 200 words)

SUBMITTING YOUR APPLICATION FORM

The completed application form and supporting documents should be sent to **scholarships@terauora.com**

The completed application form and supporting documents must be received no later than **5pm, 11 December 2026.**