

# Form A

## MĀORI SUB-CATEGORY

Applicant Name \_\_\_\_\_

Student ID No \_\_\_\_\_

Category (Please tick one only)

Health Science First Year (HSFY)

Second Year of University Study

Competitive Graduate

Alternative Category

## KOROWAI MĀORI

Iwi \_\_\_\_\_

Hapu \_\_\_\_\_

Marae \_\_\_\_\_

## WHAKAPAPA

\_\_\_\_\_

\_\_\_\_\_

Poua/Koroua

Taua/Kuia

Poua/Koroua

Taua/Kuia

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Matua Tane

\_\_\_\_\_

Whāea Wahine

\_\_\_\_\_

\_\_\_\_\_

Kaitono

## ENDORSEMENT

This iwi endorsement should be completed by a representative of an Iwi Authority, Runanga or a leader of a Māori Community Group e.g. Marae, Māori Women's League etc.

I endorse this application because: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Endorser (please print name): \_\_\_\_\_

Endorser's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Endorser's Designation: \_\_\_\_\_

Please turn over

