|  |  |
| --- | --- |
| **FFULBRIGHT NEW ZEALAND****SCHOLAR AWARDS** | **Fulbright New Zealand logo** |
| **SUPPLEMENTARY FORM** |

**You must upload a completed copy of this form to your online application under “Additional Documentation” by 1 October.**

**GRANTEE DETAILS**

|  |  |
| --- | --- |
| Full name (as on passport) |  |
| Preferred name |  |
| Phone number |  |
| Email address |  |
| Current address |  |

**ETHNICITY**

**Which ethnic group(s) do you belong to?**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pakeha / NZ European |  | Māori |  | Pacific |  | Asian |  | Other (please specify below) |  |
| *Please elaborate on other specific ethnicity and/or iwi affiliations where applicable:* |
|  |

**AWARD CATEGORY**

**Please indicate which award you are applying for – select one category only**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Fulbright New Zealand General Scholar Award |  |  |  Fulbright-Ngā Pae o te Māramatanga Scholar Award\* |  |

**\* NOTE:** If you are applying for the **Fulbright - Ngā Pae o te Māramatanga** **Award**, please provide an additional Award Statement outlining your research and general experience in subject area(s) that are relevant to the vision and mission of Ngā Pae o te Māramatanga. Submit your statement attached to this form and upload to “Additional Documentation”. Statements must not exceed one typed page.

Applications for the General Awards do not require additional statements.

**LETTERS OF RECOMMENDATION**

List the details of three people who will supply letters of recommendation. You must also register their details in the online application under “Register Recommenders” where they will submit the recommendation electronically after receiving an automated email. If you are experiencing trouble, please email Lauren@fulbright.org.nz. Recommendations must be submitted by the **1 October** deadline.

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Email | Phone number | Position & Organisation |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**SALARY DETAILS**

The following financial information is needed for Fulbright New Zealand to determine your grant stipend amount. Mark ‘X’ to indicate whether the amount is gross or net.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | **Amount (NZD)** |  | **Indicate Gross or Net**  |
| What is your **annual** salary?  |  |  | per year  | Gross  |  | Net |  |  |

Please specify ALL anticipated source(s) of financial support or income (after tax amounts) to be received during, or for the purposes of, your Fulbright grant period. Enter the total amounts during your grant period, rather than monthly amounts. Include any anticipated salary, grant funding, prizes/award funds, fellowships, scholarships etc.

Mark ‘X’ to indicate whether the amount is gross or net, and whether the amount is anticipated or confirmed. Please leave blank if not applicable.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| What is the **total** amount of salary, if any, you will continue to receive **during your Fulbright grant period**? This includes sabbatical, annual leave, and leave of absence pay. | **Amount (NZD)** |  **Gross** |  **Net** | **Anticipated** | **Confirmed** |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |
| **Research/Sabbatical leave grants**To be received during Fulbright grant period |  |
|  **Gross** |  **Net** | **Anticipated** | **Confirmed** |
| (Name of grant 1) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (Name of grant 2) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (Name of grant 3) |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| **Other grants or funding sources**To be received during Fulbright grant period |  |  |  |  |  |
|  **Gross** |  **Net** | **Anticipated** | **Confirmed** |
| (Name of grant or funding source 1) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (Name of grant or funding source 2) |  |  |  |  |  |  |  |  |  |  |  |  |  |
| (Name of grant or funding source 3) |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
| **Total income during grant period:** |  |  |  |  |

**FINANCIAL CONFIRMATION LETTER**

|  |
| --- |
|  |
| In the **FINANCIAL SUPPORT/BUDGET**section of the online application, please upload a letter from your employing institution as supporting evidence. Letters should be on institutional letterhead, from either the Dean, Head of Department or appropriate Human Resources office. Letters must confirm;* Your annual salary
* Your expected salary during your Fulbright grant period, if any
* Your leave status during your Fulbright grant period
* The duration of your Fulbright grant period
 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Previous Ngā Pae o te Māramatanga Funding** (if applicable) |  | **Amount (NZD)** |  |
| (Name of grant 1, year) |  |  |  |
| (Name of grant 2, year) |  |  |  |
| (Name of grant 3, year) |  |  |  |
| (Name of grant 4, year) |  |  |  |
|  |  |  |  |
| **Total amount:** |  |  |  |

 **PREVIOUS ARRESTS/CONVICTIONS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you ever been arrested, or convicted by a court of law? | **Yes** |  | **No** |  |  |
| *If you answered ‘Yes’ to the above question, please attach to this application as much additional information as possible, including a description of the charge or conviction, the date, the factual circumstances and supporting court documentation. You may be contacted for additional information. If you are arrested or convicted by a court of law after the submission of this application, you must promptly inform Fulbright New Zealand in writing.* *Applicants must disclose all prior criminal convictions (excluding traffic violations), whether in New Zealand or elsewhere. Failure to disclose a criminal conviction, or providing inaccurate or misleading information, may result in the withdrawal of a Fulbright award. A criminal conviction may affect your eligibility to obtain a visa. If you have any questions or concerns, please contact lauren@fulbright.org.nz.* |

 **PROMOTION CHANNELS**

Mark ‘X’ to indicate how you heard about the Fulbright Scholar Awards (you can select more than one)

|  |  |  |  |
| --- | --- | --- | --- |
| Online search |  | Email from NZ university (provide university & department below) |  |
| Email from Fulbright New Zealand |  | University staff member (specify department and university below) |  |
| Fulbright New Zealand social media (specify below) |  | Print publication (provide publication name below) |  |
| Other social media (provide detail below) |  | Fulbright NZ outreach seminar (provide location below) |  |
| Friend |  | Other, specify below |  |
| Previous Fulbright grantee |  |  |  |
|  |

**CANDIDATE STATEMENT & DECLARATION**

I understand that the information given in my Fulbright application will be used solely for the purpose of assessment and administration of a Fulbright New Zealand Scholar Award. The information contained within this application will be made available to members of the Fulbright NZ selection committees, Fulbright NZ staff, US Fulbright administrators and award sponsors.

**By my signature I certify that (please mark with an ‘X’):**

|  |  |
| --- | --- |
| The information given in this application is complete and accurate to the best of my knowledge. |  |
| I understand and comply fully with the eligibility criteria of this award. |  |
| Upon completion of an authorised stay in the US under the Fulbright Programme, I agree to return to New Zealand for two years to fulfil the home residency requirement of the J-1 non-immigrant visa. |  |
|  |

|  |  |
| --- | --- |
| **Name** |  |
| **Date**  |  |
| **Signature** |  |
|  | *A typed signature is sufficient* |

**You must upload a completed copy of this form to your online application under “Additional Documentation” by 1 October. This must also include accompanying Award Statement if applying for the Fulbright - Ngā Pae o te Māramatanga Award.**