



## Current qualifications and study details

Incomplete and/or recent study\*:

Institution	Qualification	Year

Have you had paid study leave or a fellowship in the last 5 years?

Yes  
 No

If yes, please give details of type, year & length:

Year	Type	Length (weeks/days)

1

## Proposed Study

Qualifications sought:

## Checklist

In addition to your completed application form, please also include as attachments:

- A. A copy of your study plan- please see the guidelines for instructions on what information is required;
- B. A letter of support from your principal or senior colleague.

**Please do not attach photographs, work samples or your curriculum vitae.**

## Declaration

In making this application, I certify that the **information given is true and accurate and complies with the eligibility criteria.**

My personal information included in this application will be used for the application and management of the award purpose only.

I understand that if successful, this award provides me with **leave on full pay** for a specified period from my current permanent position in a state school, and entitles me to a contribution to expenses as stated on the attached form.

I understand that if granted a *teachers' study award*, I will be required on request to **confirm my enrolment and later provide a transcript showing studies undertaken and results achieved** during the period of leave with pay.

I accept that the **decision of the selection panel is final, and that no correspondence will be entered into.**

Signature of Applicant:

Date:

Principal signature:

Date:

The Board of Trustees will approve leave with pay, should an offer be made.  
(If this approval has not been sought or given, please provide an explanation.)

Board Chairperson  
Signature:

Date:

**Note for the Board Chairperson: In signing this application, this board signature confirms any permissions associated with approving this application have been agreed to by the Board of Trustees**

Send one (1) unbound copy of your completed application to:  
**Administrator, Teachers' Study Awards,  
Ministry of Education,  
PO Box 1666, WELLINGTON**

Please note that faxed or emailed applications cannot be accepted.

Applications must be postmarked no later than **Friday 18 September 2009.**

## For enquiries contact:



Call: (04) 463 4859



Fax: (04) 463 8252

Email: [teacher.studyawards@minedu.govt.nz](mailto:teacher.studyawards@minedu.govt.nz)

[www.minedu.govt.nz/goto/studyawards](http://www.minedu.govt.nz/goto/studyawards)

2

## **Contribution towards course expenses**

If your application is successful the Ministry of Education will contribute to your course expenses by paying (1) to your tertiary provider and (2) directly to you in two instalments

### **1. Tuition Fees Contribution**

The Ministry of Education will contribute \$2000 towards your fees. This is paid directly to the tertiary provider. Your provider will send the ministry an invoice and then you will pay the provider the balance of the fees due.

**And** (if you meet the distance criteria)

### **2. Travel, accommodation or relocation contribution**

For a full year course, you can claim a maximum of:

\$2,000 (same island)
\$3,500 (other island)

### **Distance criteria from usual place of work and study centre**

**To be eligible for assistance for either travel, accommodation or household relocation you must be travelling more than 100 km between your usual place of work and the study centre during the 2010 study period. If not eligible, do not make a claim.**

A cheque will be sent to the address on the application, unless otherwise indicated. The payment will be two equal instalments. The first payment will be paid in February 2010 And the second payment will be paid July 2010

I declare the I meet the above distance criteria, and should I be successful in gaining a bilingual education study award, I wish to claim for

\$ \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_