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MASTER of MUSIC THERAPY AWARD
sponsored by MusicHelps

**PURPOSE**

This award is financially sponsored by MusicHelps and supported by the Raukatauri Music Therapy Trust.  The purpose of the award is to encourage more people to pursue a career in music therapy, and to assist those who identify as female to carry out full-time study for a Master of Music Therapy. The award will be made for a year of study however reapplications for second-year students will be accepted.  If the application is for a second-year Master’s student, the award will include a minimum 750 hour placement with the Raukatauri Music Therapy Trust. Raukatauri is committed to supporting students on placement into employment and intends to extend that commitment to recipients of this award.

**REGULATIONS**

1. One Master of Music Therapy Award of $8,000 will be available for offer annually.

 **Closing date: 18 December 2024**

2. Applicants for a Master of Music Therapy Award must be:

1. female identifying;
2. New Zealand Citizens or **Permanent** Residents;
3. enrolled or preparing to enrol full time for a Master of Music Therapy.

3. In making these awards, the selection committee shall give consideration to:

* 1. the applicant’s academic record;
	2. the applicant’s referees’ reports;
	3. the applicant’s need for financial assistance;
	4. the applicant’s aspirations for the future;
	5. any special circumstances e.g. family responsibilities, personal disability, considered relevant.

4. Each applicant for these awards must submit their application **on the current prescribed application form**, together with:

1. a certified copy or statutory declaration of their academic record (this can be in the form of a certified digital document from the tertiary institution);
2. a certified copy of evidence of status as a New Zealand Citizen or **Permanent** Resident;
3. confirmation that confidential references have been sought from two referees.

**“Certified copy” means a copy of the original, certified as true by an appropriate authority (for example, Academic Registrar, Head of Department, Study Supervisor, or Justice of the Peace).**

**A “Statutory declaration” must be made before a Justice of the Peace or Solicitor on the appropriate form.**

5. These awards may not be held concurrently with an award or grant of equal or higher value. This includes sponsored or paid study leave.

6. The Master of Music Therapy Award shall be paid in one instalment on presentation of proof of enrolment as a full-time student in the Master of Music Therapy programme, for example a copy of the receipted fees invoice or certification from the relevant department.

7. A successful applicant is required to complete their year of study and to make a brief report at the end of this study. Failure to complete two full consecutive semesters may require refund of the full value of the award.

8.  This award is supported by the Raukatauri Music Therapy Trust and includes a placement with the Trust if offered to a second-year student. The Trust operates Centres in Northland, Auckland, Bay of Plenty and Hawke’s Bay and every effort will be made to place the student in their preferred region. The student placements offered by Raukatauri enable Masters of Music Therapy students to work with a variety of clinical populations under the supervision of Registered Music Therapists employed by the Trust. Student placements include access to the Trust’s professional development trainings and opportunities, with course travel and training funds supported by the Withiel Fund Charitable Trust.

**APPLICATIONS AND ENQUIRIES**

See below for the Application Form.

Enquiries to:awards@kateedgerfoundation.org.nz

Please send your completed application by:

Email attachment plus scanned copies of 4 a) and b) above to: awards@kateedgerfoundation.org.nz

All applications will receive an email confirming that the application has been received. If you do not receive an email, please contact the Awards Coordinator at awards@kateedgerfoundation.org.nz

**Closing date: 18 December 2024**



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Application Form

All information provided is confidential

1. PERSONAL DETAILS

Name: Click here to enter text.

Student ID number(if applicable): Click here to enter text.

Mobile: Click here to enter text.

Email: Click here to enter text.

Address: Click here to enter text.

Ethnicity: Click here to enter text.

Will you be a full-time student in 2025? Choose an item.

Are you a New Zealand citizen? Choose an item.

Are you a **Permanent** Resident of New Zealand? Choose an item.

**Please supply a certified copy of evidence of your citizenship status: a birth certificate, citizenship certificate or relevant passport pages (e.g. if you are a Permanent Resident, you must supply a copy of your Permanent Resident Visa). If you are offered an award, you will be required to prove that you are enrolled as a full-time student for the duration of the award.**

1. ACADEMIC GOALS

Are you enrolled in the Master of Music Therapy by coursework and research, or by research?

Click here to enter text.

What is your expected date of completion? Click here to enter a date.

Please provide details about any other scholarships, bursaries, or awards you currently hold, including paid study leave. Click here to list/outline other awards you have been given.

**Please attach a certified copy of your up-to-date official transcript, or your up-to-date unofficial transcript accompanied by a statutory declaration.**

1. FINANCIAL CIRCUMSTANCES

What sources of income/funding do you have or hope to have to assist you in funding your studies?(e.g. income support, student allowance, student loan, partner, paid employment, other awards or scholarships etc.)

Click here and write up to 300 words.

Please note any special circumstances (family, personal, or financial) that could be considered as part of your application. These could include number and ages of children, parenting status, health/disability status, your debt situation:

Click here and write up to 300 words.

1. PERSONAL STATEMENT

Briefly explain your reasons for studying a Master’s Degree in Music Therapy and describe the work you plan to undertake once you have completed your course of study:

Click here and write up to 500 words

1. REFERENCES

You need to ask two members of academic staff to provide a confidential email reference using the form on the next page. Enter the details of the academic staff members here:

|  |  |
| --- | --- |
| NameClick here to enter the first referee’s full name, and their title. | Email addressClick here to enter text. |
| NameClick here to enter the second referee’s full name, and their title. | Email addressClick here to enter text. |

FINAL CHECK

Please check each statement to confirm you have met all requirements:

|  |
| --- |
| I have read the purpose and regulations of the award |[ ]
| I am a full-time student |[ ]
| I have given full details in every section |[ ]
| I have enclosed all the supporting documents required, including a certified copy of proof of my Permanent residency or citizenship status, and **either** a certified copy of my official transcript **or** my downloaded unofficial transcript accompanied by a statutory declaration |[ ]
| I have asked one referee to email a confidential report |[ ]

(N.B. A Statutory Declaration is available at the end of this application form.)

**The Selection Panel will NOT consider applications that do not contain the required information.**

Please keep a copy of your application.

Your signature: Date: Click here to enter a date.

Please send this completed application form, together with certified copies of your official academic record or a statutory declaration accompanying your current unofficial transcript, and evidence of New Zealand Citizenship or **Permanent Residence**, by:

* Email attachment to: awards@kateedgerfoundation.org.nz

All applications will receive an email confirming that the application has been received. If you do not receive an email, please contact the Awards Coordinator at awards@kateedgerfoundation.org.nz

**Closing date: tbc**



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Please complete the following form and e-mail to awards@kateedgerfoundation.org.nz using the subject line ‘Master of Music Therapy Award’.

|  |  |
| --- | --- |
| **Applicant** | **Referee** |
| Name: Click here to enter applicant’s name. | Name: Click here to enter referee’s name. |
|  | Institute: Type name of tertiary institute. |
|  | Department: Click here to enter department. |
|  | Position: Click here to enter job position. |

As you have had an opportunity to form a view of the applicant’s work, study and progress, we invite you to comment on the applicant’s commitment to a career in music therapy, potential and any other relevant comments:

Click here to enter text.

How long have you known the applicant?

Click here to enter text.

In what capacity do you know the applicant?

Click here to enter text.

Signed: Date: Click here to enter a date.



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|  |  |
| --- | --- |
| **Applicant** | **Referee** |
| Name: Click here to enter applicant’s name. | Name: Click here to enter referee’s name. |
|  | Institute: Type name of tertiary institute. |
|  | Department: Click here to enter department. |
|  | Position: Click here to enter job position. |

As you have had an opportunity to form a view of the applicant’s work, study and progress, we invite you to comment on the applicant’s commitment to a career in music therapy, potential and any other relevant comments:

Click here to enter text.

How long have you known the applicant?

Click here to enter text.

In what capacity do you know the applicant?

Click here to enter text.

Signed: Date: Click here to enter a date.

STATUTORY DECLARATION

For downloaded documents

**I**

Click here to enter your full legal name

**of**

Click here to enter your residential address.

**solemnly and sincerely declare that the following documents (copies of which are attached to this declaration) have been obtained and printed without alteration from the internet or email sources**

¶ *Note: what you write must be true. You can be prosecuted for making a false declaration*.

|  |  |  |
| --- | --- | --- |
|  | *Date downloaded* | *No of pages* |
| A | Click here to enter a description of document A. | Click here to enter a date. | Click here to enter text. |
| Click here to enter website URL or sender’s email address. |
| B | Click here to enter a description of document B. | Click here to enter a date. | Click here to enter text. |
| Click here to enter website URL or sender’s email address. |
| C | Click here to enter a description of document C. | Click here to enter a date. | Click here to enter text. |
| Click here to enter website URL or sender’s email address. |

¶ *Note: do not complete the section below until you are with the Justice witnessing your declaration*.

**I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.**

Your signature:

Declared at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, this \_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_ before me:

|  |
| --- |
|  |

Signed:

Justice of the Peace for New Zealand