

CARTERTON DISTRICT COUNCIL SCHOLARSHIP 2017

SCHOLARSHIP APPLICATION FORM

APPLICANT INFORMATION

Full Name

Date of Birth

Gender

Male

Female

Residential Address

POSTCODE

Contact Phone

Home

Work

Mobile

Student ID

PLEASE COMPLETE THE FOLLOWING SECTIONS

1. Please name the programme you have enrolled in and been accepted onto for 2017 at UCOL Wairarapa.

2. Have you applied for or received any other funding to assist your studies?

Yes

No

If 'Yes' please give details

3. Why do you think you deserve this scholarship and how will you use it?

PLEASE ATTACH THE FOLLOWING

1. Evidence that you live in the Carterton District Council area.
2. An up-to-date C.V.
3. Two referees supporting your application.

DISCLAIMER AND SIGNATURE

I certify that the above particulars and information provided are correct.

Signature of applicant

Date

Return completed application form no later than **4pm Wednesday 1st March 2017** to:

UCOL Wairarapa
143-159 Chapel Street
P O Box 698
Masterton 5840