

# PAGE 42 - SECOND YEAR NURSING SCHOLARSHIP

## About this Scholarship

Page 42 extends this scholarship opportunity to students in their second year of study on the Level 7 Bachelor of Nursing programme at UCOL Wairarapa to assist with course related costs and/or living expenses.

## Criteria

Applicants must be enrolled in and attending their second year of study on the Bachelor of Nursing programme at UCOL Wairarapa, be committed and dedicated to continuing this study and have a clear linkage to the Wairarapa region.

- When awarding the scholarship the Committee will consider the applicant's personal history, achievement and effort. This does not necessarily mean that the candidate will be an "A" student, as consideration will be given to the applicant's previous academic achievement and the effort that has been put into this particular course
- The award may be made to one student, or divided in any way determined by the Committee
- The Committee will not comprise of any person/s who has nominated an applicant or acted as a referee for an applicant

## What To Do

1. Complete the attached application form
2. Either hand in your applications to the Kaitautoko Tauira at the UCOL Wairarapa campus

Or addressed to:

### UCOL Wairarapa

PO Box 698  
143-159 Chapel Street  
Masterton 5840  
Attention: Scholarship Administrator

**Applications close March 25th 2022**



**Café &  
Gelato**

## PERSONAL DETAILS

Surname:

First Names:

Age (optional):

Postal Address:   
 POSTCODE

Contact Phone:

Email:

Student ID Number:

Tick one:  Full Time  Part Time *Please continue your application details on a separate sheet of paper if necessary.*

## DOCUMENTS TO PROVIDE

(Please tick the boxes to indicate you have completed and submitted all required documents)

- Application Form
- Proof of New Zealand citizenship (*birth certificate, passport*)
- A brief description of why you believe you should receive this scholarship including:
- A brief description of yourself.
  - Your progress to date on your current course.
  - Your educational background, work history, and community interests
  - Any future academic or employment plans you may have.
  - Your connection to the Wairarapa.
- Information about any other scholarship you are receiving

## DECLARATION

- I am meeting all course attendance and assessment requirements.
- All information provided is true and correct.

I give permission for this information to be used for the purpose of this scholarship. UCOL guarantees the information will not be used for other purposes.

Full Name (Please Print):

Signature:

Date:  DAY  MONTH  YEAR

Thank you for submitting this application. You will be notified as soon as the final selection has been confirmed.