

MASTERTON DISTRICT COUNCIL SCHOLARSHIP

SCHOLARSHIP APPLICATION FORM

APPLICANT INFORMATION

Full Name	<input type="text"/>		
Date of Birth	<input type="text"/>	Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Residential Address	<input type="text"/>		
			<small>POSTCODE</small>
Contact Phone	Home <input type="text"/>	Work <input type="text"/>	Mobile <input type="text"/>
Student ID	<input type="text"/>		

PLEASE COMPLETE THE FOLLOWING SECTIONS

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

2. Have you applied for or received any other funding to assist you in 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 Masterton 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 to:

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