SADIE BALKIND SCHOLARSHIP

**Application Form**

Applications are to be emailed to [trust@graduatewomencanterbury.nz](mailto:trust@graduatewomencanterbury.nz) Closing date for applications is 5.00pm on 15 December 2016. No late applications will be accepted.

**Full Name** *(Block letters)***:** ……………………………………………………………….

**Address:** ………………………………………………………………………………

**Contact Phone No:** ……………..……… **Email:** …………………………………….

**Place & Date of Birth:** …………………………………………………………………

**Citizenship** *(Enclose proof of NZ citizenship such as certified copy of passport or birth certificate)*

**Academic and Study Details:**

**Current tertiary study and institution:** …………………………………………………………………………………………

**Completed Tertiary qualifications and institution where obtained:**

…………………………………………………………………………………………

*Please enclose certified copy of academic record. An uncertified copy will not be accepted.*

**Academic Referee**

This reference, from your current Head of Department (or their chosen representative), and must be emailed separately to [trust@graduatewomencanterbury.nz](mailto:trust@graduatewomencanterbury.nz) before the closing date. *It is your responsibility to check it has been supplied.*

**Academic Referee Name:** ……………………………………………………………………………………….

**Email:**

………………………………………………………………………………………..

**Proposed Course of Study:**

*On a separate page describe your proposed course of study. Include the name of your proposed supervisor and the name of the university. Explain why you chose this course of study and how it assists your future plans. This statement should be at least 750 words.*

**Privacy Act**

The information in this application will be used solely for the purpose of assessing your application for this award. Personal information contained in this application will be made available only to members of the selection committee. The reference will be considered confidential to this application and will not be released to the student without the written authorisation of the referee. The reference must be sent directly to the Trust by the Referee.

**Future Contact:**

I agree to be contacted by representatives of Graduate Women Canterbury.

**Declaration**

I, …………………………………………………………(signature), agree, that by emailing this application, I accept all conditions in respect to my application including the provisions of the Privacy Act as stated above. I have read and understood the regulations and agree to abide by them. Should my application be successful I agree to the publication of my image, name and course of study as a recipient of the scholarship.

**PLEASE NOTE: Any application which does not contain ALL the requested information and documentation will not be considered.**

**Checklist**

1.Completed application form.  
2. Proof of NZ citizenship.

3. Certified copy of academic record(s).

4. Details of proposed course of study including how it assists your future plans.

5. Made request to study supervisor for the reference to be emailed separately at least 6 weeks before your intended travel. *It is your responsibility to check that this reference has been supplied.*

6. Signed Declaration.