

	Application Form Fage	•
SURNAME		
Student I.D	Number	

# The Edward and Isabel Kidson Scholarships Application Checklist

**Please Note:** If you graduated from a New Zealand university within the last five years, you must send your application to the Scholarships Office at that University. Otherwise please send your application to Universities New Zealand.

You must correctly fill out the application form and **include all documents listed below and requested in the Regulations**. Incomplete applications will not be considered.

Please tick d	ocuments attached: $\sqrt{}$
	Universities New Zealand Application Form page 1 (Checklist)
	Universities New Zealand Application Form page 2
	Universities New Zealand Application Form page 3
	Universities New Zealand Privacy Form page 4
	Certified copy of your Birth Certificate and proof of New Zealand citizenship or permanent residency
	Certified copy of your academic record
	Statement outlining your present extracurricular activities and any other particulars that may prove useful to the selection committee
	Statement detailing your proposed research





SURNAME	
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# The Edward and Isabel Kidson Scholarships

PERSONAL DETAILS			
NAME IN FULL:			
Ms/Miss/Mrs/Mr/Dr			
Term Address	Permanent Address		
Telephone	Telephone		
Mobile Phone	Email:		
ARE YOU A NEW ZEALAND CITIZEN? (Please cir	cle one)	Yes	No
ARE YOU A PERMANENT RESIDENT OF NEW ZEA	ALAND? (Please circle one)	Yes	No
HAVE YOU EVER BEEN ENROLLED AT NELSON E	BOYS' COLLEGE? (Please circle one)	Yes	No
HAVE YOU EVER BEEN ENROLLED AS AN UNDER	RGRADUATE STUDENT AT THE UNIVE	ERSITY	OF
CANTERBURY? (Please circle one)		Yes	No
<ul> <li>the Scholarships Office at that university</li> <li>If you are applying directly through University</li> <li>their reports to the Scholarships Manage</li> <li>Reports must be received by 1 October.</li> </ul>	versities New Zealand your referees s	should	send
Name:	Name:		
Address:	Address:		
			•••••
		•••••	
DECLARATION			
I have read and understood the regulations for agree to abide by them.	the Edward and Isabel Kidson Schol	arships	and:
Date: Sign	nature:		



SURNAME
Student L.D. Number

## The Edward and Isabel Kidson Scholarships

ACADEMIC RECORD

This will be supplied by the New Zealand university through which you are applying.

If you are applying directly to Universities New Zealand please include a certified copy of your academic record with this application.

#### TERTIARY EDUCATION RECORD

Institution	Place and Country	Years Attended From To		Degrees, Diplomas or Certificates gained
		110111	10	Certificates gained

#### PROPOSED COURSE OF STUDY

If the Regulations to this Scholarship do not already request a statement of your proposed course of study then you must attach a statement detailing your proposed research including an outline of the methods of investigation you propose to adopt. Attach a list of publications, if applicable.

TITLE OF THESIS (IF APPLICABLE)
INTENDED STUDY
At which university do you intend to study?
In which department?  For which degree?
SCHOLARSHIPS/PRIZES
List Scholarships/Prizes that you have received:
List Scholarships/Prizes for which you have applied:



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#### UNIVERSITIES NEW ZEALAND PRIVACY FORM

The information that you have provided in this form and your academic record will be used for the purposes of assessing your application for the award. Personal information contained in your application will be made available to members of the Selection Committee, the membership of which is detailed in the award regulations. In assessing your application Universities New Zealand will use references from third parties nominated by you.

In the event that you are successful in gaining an award or are selected as a reserve candidate for an award Universities New Zealand undertakes to store your application in a secure place. In the event that you are unsuccessful in gaining an award Universities New Zealand undertakes to destroy your application to preserve its confidentiality.

Should you have reason to believe that information held about you in either your application or your academic record is incorrect, you have the right of access to, and correction of, that information.

Personal references from the persons you have named are obtained on the strict understanding that they are confidential, and you may not have access to those reports through Universities New Zealand.

Applicants shall agree to Universities New Zealand obtaining their academic results from organisations such as NZQA, necessary to assess their application.

Applicants shall agree to co-operate with any publicity of the award for which they have applied. Such publicity may include material provided with your application, photographs and interviews with award recipients.

l,	agree to the above conditions in respect of this application
Signed:	Date:



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### **ADVICE TO APPLICANTS**

Applications must arrive by the date shown on the application form. No undertaking is given to accept late applications.

It is your responsibility to contact your referees and ask them to submit their reports on time.

Referees should **not** be asked to send their reports to you as they must have the opportunity to be completely frank.

References must be clearly marked with your full name and the name of the scholarship for which you are applying.

Please do not send original birth certificates or other original documents. Send only copies that have been certified by a J.P., a solicitor or a staff member in your university.

Please do not send a CV unless this is specifically requested.

Universities New Zealand accepts no responsibility to return any documents.

Please do not put your application into any sort of folder. Simply attach all pages with ONE staple in the top left hand corner. <u>All pages should be A4 size</u>.

If you have any queries regarding your eligibility or how to apply, please contact the Scholarships Office at your university or scholarships@universitiesnz.ac.nz



(scholarships@universitiesnz.ac.nz)

REFEREE'S REPORT
Applicant's Name:
Student ID Number:
Scholarship Applied for:
This report is due by: (Date)
Please provide a confidential reference (academic or personal) for this applicant. This reference will only be used by the Selection Committee in determining the applicant's eligibility for the award. You may use this form or attach a separate document to this form
<ul> <li>Where to send this report</li> <li>If the applicant is applying through their university please send your report to the Scholarships Office at that university</li> <li>If the applicant is applying directly through Universities New Zealand please send your report to the Scholarships Manager at Universities New Zealand, PO Box 11915, Wellington 6142</li> </ul>

Referee's Name: (Please print)

University/Dept:

Signature:

Date:



(scholarships@universitiesnz.ac.nz)

REFEREE'S REPORT
Applicant's Name:
Student ID Number:
Scholarship Applied for:
This report is due by: (Date)
Please provide a confidential reference (academic or personal) for this applicant. This reference will only be used by the Selection Committee in determining the applicant's eligibility for the award. You may use this form or attach a separate document to this form
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