

Peter Windle Scholarship

Application Checklist

Your application must be completed and returned to the Scholarships Manager, Universities New Zealand – Te Pōkai Tara, PO Box 11915, Wellington 6142, by 1 December.

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 documents attached:

- Application Checklist
- Application Form page 1
- Application Form page 2
- Application Form page 3
- Signed Universities New Zealand Privacy Declaration
- Certified copy of your Birth Certificate and proof of New Zealand citizenship or permanent residency.
- Certified copies of your Year 11 and 12 results
- Statement outlining your general interests and activities
- Statement outlining your reasons for wishing to study at Cambridge University and your proposed course of study

SURNAME.....

NSN.....

Peter Windle Scholarship

Personal Details

Full name:

E-mail address:

Mobile phone number:

Permanent address:

(include post code)

Phone number:

Are you a New Zealand Citizen or Permanent Resident? (Please circle one)

Yes

No

Secondary school(s) attended:

(give to/from dates)

Scholarships and prizes awarded both at school and elsewhere:

(list on separate page if needed)

List any subjects that you have studied seriously either at school or outside:

(other than those listed on Application Form page 3)

List club and committee positions held either at school or outside:

(list on separate page if needed)

What course do you intend to enrol in at Cambridge?

Give a general indication of your future study plans:

Have you applied for admission to any other overseas university? Please list:

Have you applied for any other scholarships to assist you at University? Please list:

SURNAME.....

NSN.....

REFEREES

Give the names of two persons of standing whom you have asked to report in confidence direct to Universities New Zealand on your academic achievements and abilities.

Name: _____
Address or e-mail: _____
.....

Name: _____
Address or e-mail: _____
.....

Give the name of one further referee, not a teacher, whom you have asked to report direct to Universities New Zealand on your general character, qualities of leadership etc.

Name: _____
Address or e-mail: _____
.....

IN ADDITION you must ask your school principal to submit a reference or testimonial direct to Universities New Zealand.

Name: _____
E-mail: _____
.....

DECLARATION

I have read and understood the regulations for the Peter Windle Scholarship and agree to abide by them.

Signature: _____
Date: _____
Name: _____
.....

SURNAME.....

NSN.....

ACADEMIC RECORD

Universities New Zealand will obtain Year 13 exam results from NZQA. IB and Cambridge candidates must forward to Universities New Zealand IMMEDIATELY a certified copy of their results by courier or Fastpost as soon as they are received.

NCEA and Scholarship

NSN: _____

Subject	Level	Subject	Level
<i>E.g. English</i>	<i>Level 3</i>	<i>E.g. History</i>	<i>NZ Scholarship</i>

CIE

Candidate number: _____

Subject	Level	Subject	Level

IB

Candidate number: _____

Subject	Level	Subject	Level

Universities New Zealand Privacy Declaration

I understand that:

- the information I have provided in this application form and in the attached documents will be used for the purposes of assessing my application for this scholarship.
- Universities NZ may obtain any personal information about me that is necessary to assess my application, including academic results from organisations such as NZQA.
- personal information contained in my application will be made available to members of the Selection Committee for this scholarship.
- in assessing my application members of the Selection Committee will use references received from the individuals that I have nominated.
- Universities NZ undertakes to store and dispose of my application in accordance with the Records Management policies and procedures of Universities NZ. No part of the application can be returned.

Should I have reason to believe that information held about me is incorrect I have the right of access to, and correction of, that information.

I acknowledge that the personal references from the persons I have named are obtained on the strict understanding that they are confidential and that I may not have access to those references through Universities NZ.

I agree to co-operate with any publicity for this scholarship and understand that such publicity may include material supplied with my application.

I, _____, agree to the above conditions in respect of this scholarship application.

Signed _____ Date _____

REFEREE'S REPORT (UNDERGRADUATE)

Applicant's name:

Applicant's school:

Scholarship(s) applied for:

This report is due by: **1 December**

Please provide a confidential reference (academic or personal) for this applicant.
This reference will only be used by the Selection Committee in considering the candidate's application.

You may use this form or attach a separate document to this form

Please send this report to:

Scholarships
Universities New Zealand
PO Box 11915
Wellington 6142

Referee's name: (Please print)

Position:

Signature:

Date:

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