The Application

- Students of any age, normally domiciled within the Dunedin RSA area, and who
 will be undertaking a course of tertiary education in 2020, with an institution
 recognised by NZQA are invited to apply to the Dunedin RSA Welfare Trust for
 a scholarship of \$1,000.
- Applicants must have served or have had a spouse, parent or grandparent serve with the NZDF.
- Further information and application forms can be obtained from the office of the Dunedin RSA Welfare Trust by email: finance@dn-rsa.org.nz or telephone (03) 466 4886 / 0800 664 888
- The closing date for applications will be 4th November 2019

Completed applications should be forwarded to; Dunedin RSA Welfare Trust Scholarship Application PO Box 4008 St Kilda

DUNEDIN 9046

Or emailed to: finance@dn-rsa.org.nz

Completed applications, which may be posted or scanned and submitted electronically, should be accompanied by:

- A copy of Drivers Licence, Passport or School / Student ID
- At least one written reference. In the case of a secondary school applicant, this should be from the School Principal.
- Documentary proof of enrolment in a course of study from the tertiary education provider.
- Current record of NCEA / NZOA academic achievements.
- A 500 word essay explaining why the applicant believes they merit receiving assistance from the Welfare Trust and outlining what a grant from the Trust would mean to them personally should they be successful.
- Any other information considered relevant or helpful to the application.

Only complete applications will be considered by the Grants Committee.

The Grants Committee's decision will be final, and no correspondence will entered into concerning the result of the scholarships.

All applicants will be advised in writing or email of the outcome of their application.

Short-listed applicants may be required to meet with the Grants Committee prior to a decision being made.

DUNEDIN RSA WELFARE TRUST SCHOLARSHIP 2020

APPLICATION FORM



Section A

Full name:							
Date of birth:							
Phone:	Cell:						
Address:							
Full names of parent or guardian or spouse:							
Full name:							
Address:							
Phone:	Email:						
Relationship to applicant:							
Related service person:							
Name:							
Date of birth:	Service number:						
Relationship to applicant:							
Where did they serve:							
When did they serve:							
	Unit / Corps:						

Section B

	•	made app Yes /		on to any other o	organisa	ation for	a scn	olarsnip	or funding
If	Yes,	name	of	organisation/s	and	result	of	their	decision:
	ection (<u>C</u> study inte	nded:						
Ple	ease pro	∕ide confil	rmatic	on that you have b tor of your major	een ac	cepted for	r this (course o	
<u>Se</u>	ction	<u>D</u>							
Are	e you en	titled to a	stude	ent allowance?	Yes	/ No			
Wh	nat famil	y or other	finan	cial support will y	ou rece	ive?			
				Privacy A	ct 199	3			
RS/	Welfare	Trustees in	the pro	ned in this application ocessing of this applic ned appropriate for	ation, inc	luding the	making	of enquir	ies from such
The	applicant	: also conse	nts to 1	the use of their name	and pho	to for publi	city pu	rposes.	
stor con if no The	red and sideration ecessary.	not availab of the app	le to lication shall on	iny information obtaing any person or orga . The applicant shall by be used for any the	nisation be entitle	except the	ose pe uch inf	rsons involved in the contraction of the contractio	olved in the and correct it
17	declare i	that the ii	nforma	ation contained in	this ap	plication i	is true	."	
Ap	plicant's	signature	e:				Date	:	