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# Rural Waikato Health Sciences Scholarships Undergraduate 2018

## Application Form

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Applicants Name: .....

- Please print your answers on the application form.
- Use a black or blue pen.
- The closing date is: **21 December 2018 – Applications Only**  
**(All evidence must be submitted by the 18 January 2019)**
- All correspondence from NZIRH will be sent via email or post.
- Return the application form in an envelope marked "**Scholarship**" and addressed to:

Scholarship  
New Zealand Institute of Rural Health  
PO Box 834  
Cambridge 3450

- Contact the Office Manager for further information or enquiries on telephone (07) 823 9274 or email [admin@nzirh.org.nz](mailto:admin@nzirh.org.nz).
- **The panel's decision is final. No further correspondence will be entered into. Results will be notified by early March 2019.**

**1 Personal Details**

a) Mr  Mrs  Miss  Ms

b) Male  Female

b) Last Name: \_\_\_\_\_

c) First Names: \_\_\_\_\_

d) Postal Address: \_\_\_\_\_

e) Daytime Telephone: \_\_\_\_\_ Alternative Contact Telephone: \_\_\_\_\_

f) Email Address: \_\_\_\_\_

**2 Selection Criteria**

Please check you have provided evidence of the following relevant criteria:

- Record of attendance at rural Waikato Schools (this must be for a consecutive period of 5 years).
- Current enrolment as a full time student in an accredited undergraduate health science programme.
- Other scholarships/grants received.

**3 Assessment Criteria**

Please check you have provided evidence of **all** the following:

- Curriculum Vitae
- Copy of birth certificate, passport or residency certificate **(do not send originals)**
- Personal statement (this should include reasons you believe you should receive a scholarship)

**4 Academic Record**

a) Attach copies of your most recent Academic Record **(do not send the original certificates)**. Once you have received your 2018 Academic Results please send them to NZIRH. Your application will only be considered once these results have been received.

b) Name of School/Polytechnic/University Attended	Year(s) Attended
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**5 Method Of Payment**

- Payment will be by made by direct credit into your nominated bank account to the successful applicants.

**6 Documentation**

- I have attached **copies** (please do not staple) of my documentation to my application **Yes**
- I understand that if the supporting documentation is **not** attached to the application the panel may not consider my application **Yes**

**7 Privacy Act**

The New Zealand Institute of Rural Health will in accordance with the provisions of the Privacy Act 1993, make available to the applicant on request, the personal information that it holds about the applicant and will make any appropriate corrections to that information, to ensure that the information which is held, is accurate.

All personal material held by the Institute on unsuccessful applicants will be destroyed one year after receipt.

**8 Certificate of Accuracy**

- a) I confirm that all of the information supplied in support of my application is accurate at the date of signing and the supporting documentation is enclosed. **Yes**
- b) I undertake to notify the New Zealand Institute of Rural Health if I withdraw from my chosen course of study. **Yes**
- c) I authorise an employee of the New Zealand Institute of Rural Health to contact any person in connection with my academic record. **Yes**

**Applicant's Signature:** \_\_\_\_\_  
**Date:** \_\_\_\_\_

**For Office Use Only:**

Application Received: \_\_\_\_\_ Date: \_\_\_\_\_  
Application Considered: \_\_\_\_\_ Date: \_\_\_\_\_  
Applicant Notified of Decision: \_\_\_\_\_ Date: \_\_\_\_\_