**NEW ZEALAND METHODIST WOMEN’S FELLOWSHIP**

**ANNUAL FRIENDSHIP SCHOLARSHIP 2024**

**APPLICATION FORM**

* Complete BOTH sides of this form with a BLACK PEN, PRINT CLEARLY send it with
* TWO REFERENCES

**1.** College Dean or Form Teacher for the current year

**2** Local Presbyter/Parish Steward (Methodist, Co-operating ,Uniting or Union Parish)

(Neither of these people should be related to the student)

Each reference must be on a single A4 sheet of Headed Paper - one side only

* COPY of most RECENT SCHOOL REPORT which HAS BEEN CERTIFIED BY THE SCHOOL
* . College Bank Account Deposit Form or Confirmation of College Bank account details

**Email all documents to**: **donmariesmith18@gmail.com**

**CLOSING DATE 20th NOVEMBER**

**THE FORM MUST BE SIGNED** BY A PARENT, GRANDPARENT OR GUARDIAN.

**THIS APPLICATION IS FOR**

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Christian Names Family Name

DATE OF BIRTH .................................................ETHNIC GROUP...................................................

DOES THE STUDENT HAVE PERMANENT NEW ZEALAND RESIDENCY STATUS ? YES / NO OR NEW ZEALAND CITIZENSHIP ? YES / NO

ADDRESS ...........................................................................................

................................................................................................................. POST CODE .................

PARENT EMAIL.....................................................................................PHONE...................................

STUDENT’S IDENTIFICATION NUMBER FOR COLLEGE BANKING........................................

COLLEGE ATTENDED...................................................................................

COLLEGE EMAIL ..........................................................................................................................

COLLEGE BANK ACCOUNT Deposit Slip  or Confirmation of account number & name

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CIRCLE THE YEAR THE STUDENT WILL BE IN IN 2025: YEAR 12 YEAR 13

NAME OF PERSON/S FINANCIALLY SUPPORTING THE STUDENT..................................................

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IS/ARE THE PERSON/S IN PAID EMPLOYMENT ? FULL TIME................ PART TIME.....................

AGES OF OTHER DEPENDENT CHILDREN LIVING AT HOME..........................................................

**THIS PART IS TO BE ANSWERED BY THE STUDENT(** Maximum 50 words per question)

1. WHY DO YOU THINK YOU SHOULD BE GIVEN A FRIENDSHIP SCHOLARSHIP ?

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2.WHAT ARE YOUR GOALS?.......................................................................................................................

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3.WHAT IS YOUR GREATEST STRENGTH AND BIGGEST WEAKNESS?............................................

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4. WHO IS YOUR ROLE MODEL? WHY?……………………………………………………………….

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5. WHAT SUBJECTS WILL YOU BE DOING 2025?………………………………………………………

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6. FROM YOUR POINT OF VIEW TELL US ABOUT YOUR FAMILY AND FINANCIAL SITUATION

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SIGNATURE OF THE STUDENT..........................................................................................................

SIGNATURE OF PARENT, GRANDPARENT OR GUARDIAN ........................................................

ARE YOU HER PARENT, GRANDPARENT OR GUARDIAN ……………..(PLEASE CIRCLE)

DATE ......................................

NAMES AND ADDRESSES OF THE PEOPLE GIVING THE REFERENCES

NAME.............................................................. NAME.................................................................

POSITION…………………………………… POSITTION…………………………………….

EMAIL............................................................. EMAIL..............................................................

PHONE................................. ............................. PHONE................................................................. **APPLICATIONS MUST BE RECEIVED BY THE COMITTEE BY 20 NOVEMBER**