

NZCGT Scholarship 2024 Application Form

Form Preview

Applicant Details

* indicates a required field

Applicant *

Title	First Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Applicant Primary Address *

Address

Suburb Town/
 City Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Must be Address Line 1, Suburb/Town, State/Province, and Postcode are required..

Applicant Primary Phone Number *

Applicant Primary Email *

Must be an email address.

Date of Birth *

Must be a date.

Certified copy of Birth Certificate, Passport or Citizenship Certificate *

Attach a file:

A certified copy is a photocopy that has been stamped or endorsed by a person who confirms that the copy is a true copy of the original document. This person could be one of the following: • Justice of the Peace • Solicitor of the High Court • Notary Public (there may be a cost) • Deputy Registrar at a court (not all courts will be able to certify copies) • Trustee from a Public Trust office

Cult and or Spiritual Community

* indicates a required field

Cult or Spiritual Communities *

I was a resident of Centrepoint

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- My parent(s) being my Mother and/or my Father were resident(s) of Centrepoin
- I have been disadvantaged by religious cults and/or spiritual communities

At least 1 choice must be selected.

Brief description of your background

Please provide us with a brief description of your background and in particular your connection to Centrepoin Community and / or the other religious Cult and or Spiritual Community that you have been disadvantaged by.

Background *

Education and Academic Information

* indicates a required field

Recognised Tertiary Institution you propose to attend in 2025

Please provide details of the tertiary institution you propose to attend (full name of tertiary institution & town / city location) *

Course of Study for 2025 academic year (course must be at least 1 year duration)

Please provide details of the qualification you propose studying towards (Please include full course details including a clear breakdown of costs) *

Length of Degree / Course *

Future Career

Please provide details on your future aims e.g. future occupation- (please attach any other comments in support of this) *

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Financial Information

* indicates a required field

Other financial assistance

Please outline any financial assistance available to you to assist you to attend the tertiary institution such as grants or scholarships held or any that you have applied for (if any).

Are you eligible for a Student Allowance in 2025? (Check: <https://www.studylink.govt.nz/products/a-z-products/student-loan/index.html>) *

- Yes
 No

Your Financial Position

Please provide an overview on your sources of income and expected expenses in relation to your 2025 study.

Income this includes Scholarships, Student Allowance, Wages/Salary and any other income that you plan to receive.

Expenses this includes Educational Course Fees, Accommodation and Stationery and any other expenses that you plan to make.

If the below information is not provided the Trustee will not be able to fully assess your Application a.

Income (Weekly)	\$	Expenses (Weekly)	\$
		This includes living expenses such as Rent, Food and Travel.	
Scholarships total (confirmed only)	\$	Rent/Accommodation	\$
Student Allowance (if eligible)	\$	Food (estimate)	\$
Wages/salary (if applicable)	\$	Educational course fees	\$
	\$	Stationery	\$
	\$		\$
	\$		\$

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	\$		\$
	\$		\$

Assets and Liabilities

Please provide an overview of what current assets and liabilities you have

Assets *

If you have none, show Nil.

Liabilities *

If you have none, show Nil.

Supporting Documents

* indicates a required field

As part of your application we require the following information:

- One written, or typed and signed, character reference (eg: from employer / counsellor / health care provider / School Counsellor or Dean or Principal / employer / church minister / parent)
- Copies of past academic records and or other achievements
- A brief outline (maximum of 500 words) on why you should receive an NZCGT Scholarship.

Character Reference (written or typed and signed, (eg: from employer / counsellor / health care provider / School Counsellor or Dean or Principal / employer / church minister / parent) *

Attach a file:

Copies of past academic records and or other achievements *

Attach a file:

A brief outline (maximum of 500 words) on why you should receive an NZCGT Scholarship. *

Attach a file:

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Submitting your application

* indicates a required field

Before submitting this application to Public Trust:

Please ensure you have reviewed your application and completed all the questions.

Please ensure you have uploaded a:

- Certified copy of your Passport / Birth Certificate / Citizenship Certificate
- Reference
- Academic qualifications
- Brief outline

Please note that if you do not provide all the information requested this may prevent your Application being submitted and it may affect the outcome of your application.

Declaration & Privacy Statement

In submitting this application form I acknowledge I have read the Eligibility Criteria and accept any terms and conditions stated.

I agree that I will contact Public Trust Charities Team immediately if any information provided in this application changes or is incorrect.

For the purposes of the Privacy Act 2020:

- I acknowledge that the information contained in this application is stored in the Smarty Grants database and will be held by Public Trust for the purpose of assessing my application to the NZ Communities Growth Trust and/or any other conjoint Trust/s.

- I understand the information may be made available to other parties such as Committee Members / Independent Auditors in the course of enquiries regarding applications or in publishing the results of scholarships awarded, and third party suppliers for related purposes.

- I acknowledge that if I do not provide all of the information requested, Public Trust may not be able to assess my application.

- I give consent for Public Trust to hold this information for no longer than is required in order to assess my application and to meet their legal requirements.

- I understand I have the right of access to, and correction of, the personal information held about me.

Your full name *

Today's date *

Must be a date.

