Public Trust Scholarship - Rolfes 2026
Form Preview

Applicant Details

* indicates a required field

Phyllis Augusta Rolfes Scholarship

Applicant *
Title First Name Last Name

Applicant Primary Address *
Address

Suburb Town/ City Postcode

Must be a New Zealand postcode.

Applicant Primary Phone Number *

Applicant Primary Email *

Must be an email address.

Date of Birth *

Must be a date.

Birth Certificate or Passport

Please upload a certifed copy of your Birth Certificate, Passport or Citizenship

*
Attach a file:

Personal, Academic and Study/Career

* indicates a required field

Student Education and Academic Information

Have you attended a Kaikōura school or schools for at least 5 years? *
☐ Yes
☐ No

Academic - Please provide a list of your education to date including Kaikōura Schools attended and periods, and any other academic qualifications *

Proposed Course of Study - Please provide details of the overseas qualification you intend to undertake and explain how it will contribute to advancing your scientific knowledge and education. *

Future Career - Please provide a brief summary of your career aspirations *

- Your career aspirations aligns with to your chosen study field would be advantageous.

Supporting Docouments

Please upload the following documents to support your application:

Reference - Please provide reference/s from your current education provider.

Additional information - This is an opportunity for you to provide information in your own words in addition to what you have outlined in the application

Others - any other support information such as academic and/or extracurricular achievements, community involvements etc.

Reference *
Attach a file:

Please upload confirmation of your overseas study and travel information associated with the study.

Proof of attendance at a Kaikōura school *
Attach a file:

Additional Information
Attach a file:

Others
Attach a file:

- Your academic achievements, or confirmation of university enrolment or supporting letter.

Financial Information

* indicates a required field

Scholarships are offered up to a maximum of $30,000

The total amount you are applying for *

Must be a number.
Must be a dollar amount

Please provide a breakdown on how you intend spending the scholarship funds each year *

For example: $1,000 towards halls of residence, $1,000 towards laptop, $1,000 towards fees

Your Financial Position

Your Income or Financial Support available to you *

This can be your part time or self employed income, government subsidies, monetary gifts, trust fund for education etc. Enter 0 if inapplicable.

Please list any other grants or scholarships held or applied for in relation to your study in 2027 *

Enter 0 if inapplicable

Overview of your circumstances and those of your family

This information will be used for the sole purpose of assessing financial need and is kept confidential to the Committee only.

Please provide a brief family background of your financial circumstances

Must be no more than 200 characters.

Living Arrangements

Please state your intended living arrangements while studying in 2027 *

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 note that if you do not provide all the information requested this may affect the outcome of your application.

Declaration & Privacy Statement

In submitting this application form I acknowledge I have read the attached information sheet 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 SmartyGrants database and will be held by Public Trust for the purpose of assessing my application to the above selected Trust and any other conjoint Trusts.

- I understand the information may be made available to other parties such as Trust Committee Members 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.

I have read and understood the declaration and privacy statement *

○ Yes

Full Name *

Date *

Must be a date.