

WL Cox Memorial Scholarship - 2024 Application Form

Form Preview

Applicant Details

* indicates a required field

Applicant *

First Name

Last Name

Applicant Primary Address *

Address

Suburb Town/
 City Postcode

Must be a New Zealand postcode.

Applicant Primary Phone Number *

Applicant Email Address *

Must be an email address.

Date of Birth *

Must be a date.

Upload certified copy of your Birth Certificate *

Attach a file:

Please provide a copy of your birth certificate. 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

Is this your first year applying for a Scholarship from this Trust *

Yes No

If no, what previous years did you make an application and if so was a Scholarship awarded? *

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Parent(s) / Caregiver(s)

* indicates a required field

First Parent / Caergiver

Name *

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

Occupation *

Address *

Address

Second Parent / Caregiver

Name

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

Occupation

Address

Address

Education and Academic Information

* indicates a required field

Education Information

School Currently Attending *

Period of Attendance *

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Recent Academic Results

Please provide your most recent academic results *

Academic Results *

Attach a file:

Please upload any suitable Academic Results such as NCEA results etc

Proposed Course of Study

Recognised Education Provider You Propose to Attend *

Course of Study *

Please provide details of the qualifications you propose studying towards (please describe full course details including costs)

Length of Degree *

Other Financial Assistance

Please provide details of any other grants or scholarships held or applied for *

Future Career

Please provide brief details of your career aspirations *

Personal History

Personal History *

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Please provide a brief history, in particular, giving details of why you qualify for this scholarship

Financial Information

* indicates a required field

Parent / Caregiver Earnings (compulsory)

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

Main Income Earner Before Tax (per year) *

Must be a number.

Main Income Earner After Tax (per year) *

Must be a number.

Second Income Earner Before Tax (per year) *

Must be a number.

Second Income Earner After Tax (per year) *

Must be a number.

Self Employed Income if any (per year) *

Must be a number.

Brief financial background of family: *

Your Financial Position

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

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Income includes Scholarships, Student Allowance, Wages/Salary and any other income.

Expenses include Educational Course Fees, Accommodation and Stationery and any other expenditure.

Income	\$	Expenditure	\$
	\$	Rent / Accommodation	\$
	\$	Food (estimate)	\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Supporting Documents

Please upload the following documents to support your application:

Reference - at least one reference

Others - any other support information such as achievements etc

Essay

Attach a file:

Maximum of 250 words

Reference

Attach a file:

Certified copy of Identification

Attach a file:

Certified copy of proof of citizenship / Residency

Attach a file:

Submitting your application

* indicates a required field

Before submitting this application to Public Trust:

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

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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 William Lomis Cox Memorial Scholarship Fund and/or any other conjoint Trust/s.
- I understand the information may be made available to other parties such as the Committee 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.