



Nelson Seroptimist Education Trust
Supporting the Education
of Women and Girls

SCHOOL LEAVER SCHOLARSHIP APPLICATION

Nelson Seroptimist Education Trust School Leaver scholarships are available to female students who are New Zealand citizens or permanent residents enrolled or intending to enroll in a first year of study leading eventually to a recognized qualification that will help in employment opportunities and career development. Each scholarship is worth \$1,000.

In considering applicants, the Nelson Seroptimist Education Trust will give preference to applicants who have performed well at school and who are experiencing personal or financial hardship in proceeding to full-time tertiary study.

Name of applicant:	
Postal Address:	
Telephone (daytime):	Email:
Date of birth:	Place of birth:
Nationality (citizenship):	If <u>not</u> a New Zealand citizen, do you have permanent residence in NZ? Yes / No (delete one)

1. ACADEMIC RECORD

Highest qualification gained at	Highest qualification gained or subjects passed (with grades or pass rate)	Year	Name of school/college (state if home schooled or list alternative provider(s))
<i>1. Secondary school</i>			
<i>2. Other course(s) successfully completed</i>			

2. **PERSONAL ACHIEVEMENTS** Describe one or two personal achievements you are most proud of, in the past 1-2 years (use separate page if needed):

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3. **NAME OF YOUR INTENDED COURSE:**

Name of institution or tertiary education provider:

N.B. evidence of enrolment is required before funds paid to successful applicants

Are you studying full time or part time?

When do you expect to complete this course? (month/year)

4. **FUTURE GOALS:**

State the overall aim of your study, and how you expect the qualification you expect to gain, will help:

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5. **FINANCIAL CIRCUMSTANCES**

Please explain briefly, your financial circumstances:

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Outline any special circumstances which may help your application for a Nelson Soroptimist scholarship on grounds of personal or financial hardship.

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Have you applied for other scholarships this year? _____ If so, please list:

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6. REFEREES

Please provide names and contact details for two people who are not family members but who are familiar with your school work and background, and willing to provide a reference to the Trust.

If your application is placed on the shortlist, your chosen referees will be contacted by the Trustees.

Name and relationship of referee to applicant (e.g. colleague, supervisor)	Email address	Daytime Telephone
1.		
2.		

Successful applicants will be required to sign a Letter of Agreement similar to that attached to this application. Please read this carefully to be sure you can agree to these requirements.

Your application should be sent to Joy Oakly, Secretary, Nelson Soroptimist Education Trust by post or email to:

Mailing address: 346 Wakapuaka Road, RD1 Nelson 7071

Or email to: jl_oakly@xtra.co.nz

NELSON SOROPTIMISTS EDUCATION TRUST - SCHOOL LEAVER SCHOLARSHIP

PARTNERSHIP AGREEMENT

Contact person: Sandy Stephens
Mailing address: 14 Fifeshire Crescent, Nelson 7010
Email address: sandygoogling@gmail.com

Dear

Sample Letter of Agreement (LOA)

Trustees of the Nelson Soroptimist Education Trust are pleased to advise that your application for a School Leaver Scholarship in support of your studies in (*name of course*) at (*name of institution or tertiary education provider*) has been approved, and undertakes to provide \$1,000.00 upon receipt of a signed copy of this letter. Please acknowledge receipt of the funds as soon as they are received.

You are required to keep us informed on your progress via your contact person, and to seek approval should you wish to make significant changes to your stated plan.

You are also required to provide a brief report on your progress and achievements by email or verbal presentation, upon completion of your study.

Two copies of the letter are enclosed. Please sign both, and retain one copy for your records. The other is to be returned to (*name*) who is your contact person for the Scholarship. She will be happy to provide further information or assistance to you.

Signed: Date

Print name: Position.....

(for the Trust)

I accept the above terms and conditions.

Signed..... Date.....

Print name

(School leaver/student)