



**Nelson Seroptimist Education Trust**  
**Supporting the Education**  
**of Women and Girls**

## **KAREN GLASGOW SCHOLARSHIP APPLICATION**

Karen Glasgow scholarships of at least \$1,000 each are available to female students who are New Zealand citizens or permanent residents of 30 or more years age, residing in the Nelson-Tasman-Marlborough region and enrolled or intending to enroll in full time study at a recognized New Zealand tertiary education institution.

The Nelson Seroptimist Education Trust will consider applicants for whom successful completion of the intended course of study will enhance their employment and/or career opportunities and for whom full time study imposes personal or financial hardship.

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

**1. ARE YOU ALREADY ENROLLED IN A FULL-TIME COURSE OF STUDY? (delete one)**

**Yes / Not yet** (evidence of enrolment is required before awards are made)

**NAME OF INSTITUTION PROVIDING YOUR ENROLLED OR INTENDED COURSE:**

.....

**2. NAME OF YOUR COURSE:** .....

**When will (or did) your course begin? (month/year)** .....

**When do you expect to complete the course (month/year) \_\_\_\_\_**

**3. GOAL OR PURPOSE:**

State the overall aim of your study, and the purpose for which funding support is required. (e.g. fees, equipment, computer and software, child care etc.)

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**4. HOW WILL SUCCESSFUL COMPLETION OF THIS COURSE HELP YOU IN FUTURE?**

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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 Karen Glasgow scholarship on grounds of financial hardship.**

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.....

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

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**6. ACADEMIC RECORD**

Highest qualification gained at	Qualification gained or subject(s) passed	Year	Name of school or institution attended
<b>1. Secondary school</b>			
<b>2. Other institution</b>			
<b>3. Other course(s) successfully completed</b>			

## 7. REFEREES

Please provide names and contact details for two people familiar with your education 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**

**KAREN GLASGOW SCHOLARSHIP - PARTNERSHIP AGREEMENT**

**Contact person mailing address:** 14 Fifeshire Crescent,  
Stepneyville, Nelson 7010

**Email:** [sandygoogling@gmail.com](mailto:sandygoogling@gmail.com)

Dear .....

**Sample Letter of Agreement (LOA)**

Trustees of the Karen Glasgow Study Fund are pleased to advise that your application for funding towards (*course or study activity*) has been approved, and undertakes to provide \$1,300.00 upon receipt of a signed copy of this letter. Please acknowledge receipt of the funds as soon as they are received.

You may be asked to speak or make a presentation on your (study/work/research) at a trustee meeting later in the year.

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 approved plan.

You are also required to provide a brief report on your progress and achievements by email mid-year and 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 Alexandra (Sandy) Stephens who is your contact person for the Karen Glasgow Scholarships. Sandy 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 .....

**(Scholar/Awardee)**