

NEW ZEALAND METHODIST WOMEN'S FELLOWSHIP  
ANNUAL FRIENDSHIP SCHOLARSHIP 2020  
APPLICATION FORM

- Complete BOTH sides of this form with a BLACK PEN, PRINT CLEARLY send it with
- COPY of your most RECENT SCHOOL REPORT which HAS BEEN SIGNED
- TWO REFERENCES are required supporting this application -
  1. The student's College Dean or Form Teacher for the current year
  2. Local Presbyter (Methodist, Co-operating or Union Parish)  
(Neither of these people should be related to the student)  
Each reference must be on a single A4 sheet of Headed Paper - one side only
  3. College Bank Account Deposit Form or Confirmation of College Bank account details

Post to: MWF Friendship Scholarship

18 Sunny Glen

Waikanae 5036

**CLOSING DATE 20<sup>th</sup> NOVEMBER**

THE FORM CAN BE FILLED IN BY A PARENT, GRANDPARENT OR GUARDIAN.

**THIS APPLICATION IS FOR**

.....  
Christian Names

.....  
Family Name

DATE OF BIRTH .....ETHNIC GROUP.....

DOES THE STUDENT HAVE PERMANENT NEW ZEALAND RESIDENCY STATUS ? YES / NO

OR NEW ZEALAND CITIZENSHIP ? YES / NO

ADDRESS .....

.....

.....POST CODE.....

Email.....HOME TELEPHONE NO ( )......

COLLEGE ATTENDING.....

COLLEGE EMAIL ADDRESS.....

COLLEGE BANK ACCOUNT Deposit Slip or Confirmation of account number & name

.....

CIRCLE THE YEAR THE STUDENT WILL BE IN IN 2021 : YEAR 12 YEAR 13

NAME OF PERSON/S FINANCIALLY SUPPORTING THE STUDENT.....

.....

IS/ARE THE PERSON/S IN PAID EMPLOYMENT ? FULL TIME..... PART TIME.....

AGES OF OTHER DEPENDENT CHILDREN LIVING AT HOME.....

NEW ZEALAND METHODIST WOMEN'S FELLOWSHIP 2020

**THIS PART IS TO BE ANSWERED BY THE STUDENT**

1. WHY DO YOU THINK YOU SHOULD BE GIVEN A FRIENDSHIP SCHOLARSHIP ?

.....  
.....  
.....

2. WHAT ARE YOUR GOALS?.....

.....  
.....

3. WHAT IS YOUR GREATEST STRENGTH AND BIGGEST WEAKNESS?.....

.....  
.....

4. WHO IS YOUR ROLE MODEL? WHY?.....

.....

5. WHAT SUBJECTS WILL YOU BE DOING 2021?.....

.....

6. FROM YOUR POINT OF VIEW TELL US ABOUT YOUR FAMILY AND FINANCIAL SITUATION

.....  
.....

SIGNATURE OF THE STUDENT.....

SIGNATURE OF PARENT, GRANDPARENT OR GUARDIAN .....

WHAT IS YOUR RELATIONSHIP TO THE STUDENT .....

DATE .....

NAMES AND ADDRESSES OF THE PEOPLE GIVING THE REFERENCES

NAME..... NAME.....

ADDRESS..... ADDRESS .....

.....POST CODE..... .....

PHONE..... PHONE.....

EMAIL..... EMAIL.....

**APPLICATIONS MUST BE RECEIVED BY THE COMMITTEE BY 20 NOVEMBER**