

**NEW ZEALAND METHODIST WOMEN'S FELLOWSHIP
ANNUAL FRIENDSHIP SCHOLARSHIP 2024
APPLICATION FORM**

- Complete BOTH sides of this form with a BLACK PEN, PRINT CLEARLY_ send it with
- TWO REFERENCES
 1. College Dean or Form Teacher for the current year
 - 2 Local Presbyter/Parish Steward (Methodist, Co-operating ,Uniting 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
- COPY of most RECENT SCHOOL REPORT which HAS BEEN CERTIFIED BY THE SCHOOL
- . College Bank Account Deposit Form or Confirmation of College Bank account details

**Email all documents to: donmariesmith18@gmail.com
CLOSING DATE 20th NOVEMBER**

**THE FORM MUST BE SIGNED BY A PARENT, GRANDPARENT OR GUARDIAN.
THIS APPLICATION IS FOR**

.....
Christian Names Family Name

DATE OF BIRTHETHNIC GROUP.....

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

ADDRESS

..... POST CODE

PARENT EMAIL.....PHONE.....

STUDENT'S IDENTIFICATION NUMBER FOR COLLEGE BANKING.....

COLLEGE ATTENDED.....

COLLEGE EMAIL

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

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CIRCLE THE YEAR THE STUDENT WILL BE IN IN 2025: 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.....

THIS PART IS TO BE ANSWERED BY THE STUDENT(Maximum 50 words per question)

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

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

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.....

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

.....
.....

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

.....

5. WHAT SUBJECTS WILL YOU BE DOING 2025?.....

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

.....
.....

SIGNATURE OF THE STUDENT.....

SIGNATURE OF PARENT, GRANDPARENT OR GUARDIAN

ARE YOU HER PARENT, GRANDPARENT OR GUARDIAN(PLEASE CIRCLE)

DATE

NAMES AND ADDRESSES OF THE PEOPLE GIVING THE REFERENCES

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

POSITION..... POSITION.....

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

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

APPLICATIONS MUST BE RECEIVED BY THE COMMITTEE BY 20 NOVEMBER