**NEW ZEALAND METHODIST WOMEN’S FELLOWSHIP**

 **ANNUAL FRIENDSHIP SCHOLARSHIP**

 **APPLICATION FORM 2025**

* Complete BOTH sides of this form with a BLACK PEN, PRINT CLEARLY email 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

 Each reference must be on a single A4 sheet of Headed Paper - 100-150 Words

* 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: tineialefosio\_11@hotmail.com**

 **CLOSING DATE 20th NOVEMBER**

**THE FORM MUST BE SIGNED** BY THE PARENT, GRANDPARENT OR GUARDIAN.

**THIS APPLICATION IS FOR:**

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

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 2026 : YEAR 12 YEAR 13

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

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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?............................................

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

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5. WHAT SUBJECTS WILL YOU BE DOING 2026?………………………………………………………

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6. HOW DO YOU SEE YOURSELF ACTIVELY CONTRIBUTING TO THE LIFE OF THE CHURCH?

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

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SIGNATURE OF THE STUDENT..........................................................................................................

(Please Circle)

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

DATE ......................................

NAMES AND CONTACT DETAILS OF THE PEOPLE GIVING YOUR REFERENCES

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

POSITION…………………………………… POSITTION…………………………………….

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

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