

## Scholarship Assistance available via The Cliff Perrett Memorial Trust

# **Application Form**

#### **Taranaki Foundation**

Our Mission To be a renowned foundation for giving that provides an inter-generational legacy for Taranaki

Our Vision A prosperous Taranaki for all

Our Purpose To inspire a culture of giving and sharing in Taranaki

## **Cliff Perrett Memorial Trust Scholarships**

Taranaki Foundation act for the charitable trust created by the late Cliff Perrett in 2005. Administration and payment of the scholarships is managed by Taranaki Foundation, with our Distribution Committee overseeing the selection of the scholarship each year.

- The grant is to support 2 nursing students in Taranaki with course fees. Application for Grants can be made by Year 1, Year 2 & Year 3 Students.
- It is intended that this grant be available to annually assist **two Taranaki nursing students** and where possible one being from North Taranaki, and the other being from South Taranaki.
- The value of each of these scholarships is \$2,000 with 50% of the grant to be paid on commencement of studies with the remaining 50% at successful year end.
- Please note scholarship amounts are indictive only and may vary from the amount stated.

#### **Application Process**

- Please submit your application with the supporting documents to the WITT Scholarship Coordinator via email to: <a href="mailto:scholarships@witt.ac.nz">scholarships@witt.ac.nz</a>, ph:06 757 3100 ext: 8978 at WITT.
- Your completed application form MUST be lodged with the WITT Scholarship Coordinator by the 30 April
  each year.
- This period may be extended at Taranaki Foundation's discretion.
- All applicants will be notified by Taranaki Foundation by the end of May.

### **Application Checklist**

Please ens	sure the	following	is enclosed	with	your	application	and	submitted	to	the	WITT	Scholarship
Coordinate	<b>or</b> by the	30th of Ap	pril:									

Completed and signed application form
A record of learning of the completed first and/or second years (if applicable)
A supporting statement from the Head of the School of Nursing at WITT email L.Halgryn@witt.ac.nz
If successful, the applicant agrees to submit a short, written progress report in by the end of the
Academic Year.

Full Name:  Title:  Preferred Name:  Date of Birth:  Address:  Phone:  Daytime:  Mobile:  Email Address:  Name of Secondary School:  Dates Attended:  If not educated in Taranaki, please state your personal link to Taranaki:  SECTION B — APPLICATION STATEMENTS  Please provide a brief statement as to why you should be chosen as the scholarship recipient:	SECTION A – APPLICANT IN	IFORMATION							
Preferred Name:  Date of Birth:  Address:  Phone: Daytime: Mobile:  Email Address:  Name of Secondary School:  Dates Attended:  If not educated in Taranaki, please state your personal link to Taranaki:  SECTION B – APPLICATION STATEMENTS	Full Name:								
Date of Birth:  Address:  Phone: Daytime: Mobile:  Email Address:  Name of Secondary School:  Dates Attended:  If not educated in Taranaki, please state your personal link to Taranaki:	Title:								
Address:  Phone: Daytime: Mobile:  Email Address:  Name of Secondary School:  Dates Attended:  If not educated in Taranaki, please state your personal link to Taranaki:  SECTION B – APPLICATION STATEMENTS	Preferred Name:								
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Name of Secondary School:  Dates Attended:  If not educated in Taranaki, please state your personal link to Taranaki:	Phone:	Daytime:		Mobile:					
If not educated in Taranaki, please state your personal link to Taranaki:  SECTION B – APPLICATION STATEMENTS	Email Address:								
If not educated in Taranaki, please state your personal link to Taranaki:  SECTION B – APPLICATION STATEMENTS	Name of Secondary School:								
SECTION B – APPLICATION STATEMENTS	Dates Attended:								
Please provide a brief statement as to why you should be chosen as the scholarship recipient:	SECTION B – APPLICATION STATEMENTS								
	Please provide a brief stateme	nt as to why you s	hould be chose	en as the scholar	ship recipient:				

What would receiving this scholarship mean to you?						
Do vou have	e anv other in	nformation about yourself that	vou think	would be helpful for us to know?		
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SECTION E – APPLICANT DECLARATION						
	_	pility criteria as outlined above.				
<ul> <li>I give permission to Taranaki Foundation to make independent confidential inquires relating to my application.</li> <li>If successful I authorise Taranaki Foundation to use my name/photograph for publicity purposes, including on</li> </ul>						
their website and social media.						
• If successful I agree to advise Taranaki Foundation if I am unable to complete the course within 12 months of receiving the scholarship, I understand that under these circumstances I may be asked to repay the value of the scholarship.						
I declare that the information contained in this application is true and factual.						
• It is acknowledged that any decision made by Taranaki Foundation is final and we accept that no reasons for such a decision may be given, nor any correspondence entered into.						
Full Name	of Applicant					
Signature			Date			