

WAIPAWA BUILDING SOCIETY SCHOLARSHIP TRUST

If you have any questions about this application form, please contact the Trust Secretary, Heather Kitson at the Central Hawke's Bay District Council, Telephone: 06 857 8060, email: heather.kitson@chbdc.govt.nz.

Once you have completed the form, please return it (with attachments) by **4.30pm, Friday, 13 November 2009** to:

**The Trust Secretary
Central Hawke's Bay District Council
P O Box 127
WAIPAWA 4240**

Please Note:

Criteria the Trustees will use when considering your application:

- 1 You must live in Central Hawke's Bay.
- 2 You must be intending to attend, or actually attending a course of tertiary education.
- 3 They will consider how much you will suffer financial hardship by attending the course.
- 4 You should be capable of improving your future educational prospects by attendance at the course.
- 5 Preference will be given to people who have not received funds from the Trust before, except in cases of extreme financial hardship.
- 6 That excepting special circumstances, preference will be given to applicants who will be attending their first year of tertiary education.

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APPLICATION FORM

PERSONAL DETAILS:

NAME: _____

ADDRESS: (Home) _____

(Postal - if different from above) _____

PHONE: _____

AGE NEXT BIRTHDAY: _____

PROPOSED TERTIARY COURSE:

Please advise which Tertiary Course you will be taking and the Institution you will be attending next year.

EDUCATION:

PRIMARY SCHOOL(S) ATTENDED: _____

SECONDARY SCHOOL(S) ATTENDED: _____

CURRENT CLASS/OCCUPATION: _____

BUDGET OF INCOME AND EXPENDITURE:

Please estimate your **approximate** income and expenditure for your **next year of study**, including your course and living expenses etc. Please do not include a student loan in your income.

Projected Income	Expenditure
<p style="text-align: right;">Total: _____</p>	<p style="text-align: right;">Total _____</p>

Please state whether you are eligible for a Student Allowance: **YES NO**

If you have answered 'Yes', please state amount \$ _____

Please state any other scholarships, grants, or allowances you are eligible for. Please state amount

_____ \$ _____

_____ \$ _____

_____ \$ _____

I declare that the information supplied here is correct to the best of my knowledge.

Signed: _____

Date: _____

Return by **4.30pm** on **Friday, 13 November 2009** to:

The Trust Secretary
 Waipawa Building Society Scholarship Trust
 C/- Central Hawke's Bay District Council
 P O Box 127
 WAIPAWA 4240