### SCHOLARSHIP APPLICATION FORM

### T.J.A. BALLINGER SCHOLARSHIPS



VICTORIA UNIVERSITY OF WELLINGTON Page 1 of 3

Applications close at 4.30pm on 31 March

RST NAME	LAST NAME
CTORIA UNIVERSITY STUDENT ID NUMBER	
REET ADDRESS	
UBURB	TOWN/CITY
OUNTRY	
ERMANENT RESIDENTIAL ADDRESS (IF DIFFERENT FRO	M ABOVE):
TREET ADDRESS	
UBURB	TOWN/CITY
OBOND	TOWN, CITT
OUNTRY	
ELEPHONE	CELLPHONE
MAIL (@VUW.AC.NZ)	EMAIL (PERSONAL)
lease note you will be contacted by email—pro	vide clear details.
URRENT OR INTENDED DEGREE PROGRAMME	
ACULTY	SCH00L
IST ANY OTHER AWARDS OR SCHOLARSHIPS RECEIVED	
_	ding this scholarship and confirm that the inform

### **CHECKLIST**

A transcript will be attached to this application by the Scholarships Office. Applicants for the Scholarship must ensure that the following documents are also received:

- A brief personal statement (approximately one A4 page long) that outlines your future plans. This statement should include your university and career goals, outline any extra-curricular interests and community involvement you have and should explain how you are contributing and intend to contribute to the community in the future. You should also outline your financial circumstances.
- O A one page reference statement—this statement should be sent separately to the Scholarships Office by your referee.
- O Evidence of financial hardship please complete 'Financial Questionnaire' on Page 3.

## ADDRESS ENQUIRIES AND YOUR COMPLETED FORM TO:

#### **SCHOLARSHIPS MANAGER**

Scholarships Office Victoria University of Wellington PO Box 600 Wellington 6140 New Zealand

### **PHONE**

+64-4-463 5113

### **EMAIL**

scholarships-office@vuw.ac.nz

### WEBSITE

www.victoria.ac.nz/scholarships

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### VICTORIA UNIVERSITY OF WELLINGTON Page 2 of 3

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### **ADVICE TO APPLICANTS**

Applications must arrive by the closing date as shown on the form. No undertaking is given to accept late applications.

Do not put your application into any sort of folder. Attach all pages with one staple in the top left corner. All pages should be printed on single-sided white A4.

Please do not send original documents—send copies that have been certified. Unless specifically requested, do not send a curriculum vitae.

It is your responsibility to contact your referees and to ensure that the Scholarships Office receives your references in time. References should be clearly marked with your name and the name of the scholarship(s). Uncertified copies of references are not acceptable.

### **DISCLOSURE OF INFORMATION**

### I CONSENT TO:

- (i) the disclosure of the personal information given on this form to recipients within the University, for purposes related to my application for a scholarship and as required by protocols between the University and external agencies, including selection committees.
- (ii) the Scholarships Office obtaining any information about me held by Victoria University of Wellington, and any other tertiary institution which I have attended, relating to my application for a scholarship.
- (iii) the publication of my name and details of any scholarship which I may be awarded, together with any optional personal information which I may provide for this purpose.
- (iv) the disclosure of relevant information to sponsors of such scholarships.

If you are successful in gaining an award, or you are selected as a reserve candidate, the Scholarships Office undertakes to store your application in a secure place for one year only. If you are unsuccessful, your application will be destroyed.

Should you have reason to believe that information held about you in your application is incorrect, you have the right of access to, and correction of, that information.

I,	, agree to the above conditions in respect of my schola		
applications administered through the Scholarships Office of Victoria University of Wellington.			
SIGNED	DATE		

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### **FINANCIAL QUESTIONNAIRE**



VICTORIA UNIVERSITY OF WELLINGTON Page 3 of 3

. PLEASE IDENTIFY		
TICK AS MANY THAT A	PPLY):	
0	STUDENT LOAN LIVING COSTS	\$
0	STUDENT ALLOWANCE	\$
0	WAGES	\$
0	WINZ BENEFIT (INCL. FAMILY	\$ ,
0	TAX CREDITS, DISABILITY ALL.)	\$
0	FAMILY HELP	\$ ,
2. WHAT ARE YOUR L	IVING ARRANGEMENTS AND WHA	AT IS THE WEEKLY COST?
0	FLATTING - HOW MUCH IS YOUR RE	ENT?
		\$
0	AT HOME - DO YOU PAY BOARD, IF YES, HOW MUCH?	
		\$
0	HOSTEL - NAME OF HOSTEL AND COST?	
		,
		\$
3. PLEASE IDENTIFY Y	OUR FINANCIAL DIFFICULTIES?	
I.E. COMMUTING CO	STS, COURSE COSTS, MEDICAL EX	PENSES, FAMILY TO SUPPORT, GENERAL LIVING EXPENSI
		PENSES, FAMILY TO SUPPORT, GENERAL LIVING EXPEN

### 4. PLEASE ATTACH ONE OF THE FOLLOWING AS PROOF OF INCOME:

- A RECENT BANK STATEMENT
- STUDYLINK DOCUMENTATION MYSTUDYLINK ACCOUNT PRINTOUT SHOWINGSTUDENT LOAN LIVING
  COSTS AND/OR STUDENT ALLOWANCE AND COURSE RELATED COSTS
- O WINZ ENTITLEMENT DOCUMENTATION

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