



BARBARA WOOD MEMORIAL FOUNDATION

OFFICIAL SCHOLARSHIP APPLICATION FORM

Personal Details

Name _____

Residential Address _____

Email address _____

Telephone Numbers _____

Date of Birth _____ Country of birth _____

Gender Female / Male Ethnic origin _____

Education Details

Proposed course of study _____

Tertiary institution _____

Length of full course _____ Number of years completed _____

Tertiary qualifications (if any) _____ Year _____

I declare that financial assistance granted to me will be used for the purpose for which the application has been made.

Should this application be successful I agree to report by 31 December on the outcome of my studies for the year.

Signed by applicant _____ Date _____

I have included:

Evidence of acceptance on my course

An annual budget for the year

My C.V.

A character reference

Signed applications may be emailed to exec@wi.org.nz