

GLAD McARTHUR HORTICULTURAL SCHOLARSHIP

APPLICATION FORM

To be received by the Glad McArthur Book Committee Inc, C/- Sue Hore, Stonehenge, 4 R D, Ranfurly 9398, Central Otago, no later than 5pm on 30th November.

I wish to apply for the Glad McArthur Horticultural SCHOLARSHIP and accept the conditions prescribed. The following particulars are given in support of this application:

NAME IN FULL (Surname First): _____

PRESENT ADDRESS: _____

DATE OF BIRTH: _____

SECONDARY SCHOOL ATTENDED: _____

YEARS: _____ TO _____

HIGHEST SCHOOL QUALIFICATION: (ie. School Certificate, UE, Higher School Certificate, A or B Bursary, Junior Scholarship) _____

ACADEMIC RECORD AT TERTIARY INSTITUTION if applicable (attach copy): _____

EMPLOYMENT (brief outline of part-time or full-time work):

SPORTS / CULTURAL / SOCIAL / COMMUNITY INTERESTS:

WHAT COURSE OR TRAINING DO YOU INTEND TO UNDERTAKE, AND WHERE?

WHAT ARE THE COSTS OF YOUR PROPOSED COURSE?

This award offers no specified sum. What sum do you seek, and how does that sum fit in to your total costs of study?

HAVE YOU APPLIED FOR ANY OTHER GRANT, SPONSORSHIP, OR ASSISTANCE FOR THIS PROPOSED COURSE OF STUDY?

Grants received after making this application need to be made known to the Committee immediately.

INTENTIONS ON COMPLETION OF THE COURSE

PLEASE EXPLAIN BRIEFLY YOUR CONNECTION WITH CENTRAL OTAGO

TESTIMONIALS

Copies of secondary school testimonial or one from an employer, together with one other as to personal qualities and interest in Horticulture, must accompany this application.

TESTIMONIALS FROM 1. _____
2. _____

NOTE: APPLICATIONS CLOSE ON NOVEMBER 30th, EACH YEAR AND YOU SHOULD BE NOTIFIED BY MID DECEMBER OF OUR DECISION

I DECLARE THE ABOVE INFORMATION TO BE TRUE AND ACCURATE.

SIGNED _____ DATE _____