



Office Use Only	
Applicant Number	
Date Received	
Approved for selection	
Bank Account Number verified.	

## WCDHB Scholarship Application 2017

### APPLICATION CRITERIA

- Must have resided on the West Coast for minimum of 1 year
- Be currently enrolled at a recognised NZ University or Polytechnic
- Be currently studying in a health related career. If your career path is non clinical the WCDHB will need to have agreed that the intent of your profession is to support health services (*Contact details below*)

Note: A percentage of the Scholarships will be available to students with Maori or Pacific Island heritage

- **Closing date:** **Friday, 13 October 2017**
- Recipients Notified: Monday, 30 October 2017
- Funds available: February 2018

NAME			PRINT CLEARLY		
Last Name		First Name		Preferred name	
Ethnicity / Ethnicities <i>Include Tribe or Iwi</i>				Date of Birth	
CONTACT DETAILS			PRINT CLEARLY		
Email address					
Cell phone number					
Study address					
Other Contact address					
<p><b>Provide a verified NZ bank account for funds transfer</b> Verification is a copy of a pre-printed deposit slip which includes; bank, branch, account number and suffix and the account holder's name <b>OR</b> confirmation of your bank details authorised by your bank</p>					



<b>ACADEMIC DETAILS</b>	
NZ Institution attending	
Programme Title	
Course Start Date	
Course Completion Date	
Duration of Programme (number of years your programme runs)	

<b>WCDHB'S SPONSORSHIP PROGRAMMES</b>	
How did you find out about this Scholarship Programme? (eg Whanau, Friends, WCDHB Staff, WCDHB Website, CareersNZ Website, Facebook, Newspaper Notice etc)	

<b>PREVIOUS WCDHB SCHOLARSHIP RECIPIENTS</b>	
If you have previously received the WCDHB Scholarship you are not required re-write a 500 word submission.  <b>However we would like to know</b> "How useful the Scholarship was to your year of study". Please attach your comments to this Application Form	

<b>WEST COAST DHB'S 2018 SCHOLARSHIP / STUDENTSHIP PROGRAMMES</b>
Please contact us next year and let us know how things are going and to allow us to continue to support you through your study.



**CHECK LIST This application must be accompanied by:**

• A 500 word submission; include why you choose your particular health pathway and what career aspirations you have and how the WCDHB Scholarship will support you in your studies	
• Provide evidence of your tertiary enrolment clearly showing the organisation's logo and your name	
• Photo ID eg a copy of your Student ID, Driver's License, Passport etc	
• Provide a verified Bank account number for funds ( <i>see note on page 1</i> )	

**PLEASE CONFIRM THAT ALL DETAILS PROVIDED IN THIS APPLICATION ARE TRUE AND CORRECT**

**AND THAT**

**WITH YOUR PERMISSION, THAT YOU AGREE TO TAKE PART IN ANY REASONABLE PUBLICITY**

<b>Name</b>	
<b>Signature</b>	
<b>Date</b>	

**WCDHB Scholarship Application closing date: 30 October 2017 – 5.00 pm**

**We are looking forward to hearing from you.**

**Please complete and attach all of the requested information and send to:**

**West Coast DHB Scholarship Applications**

**C/- Carol Gaskell**

**Rural Learning Centre**

**Grey Base Hospital**

**High Street**

**GREYMOUTH 7805**

**OR**

**Email: [carol.gaskell@westcoastdhb.health.nz](mailto:carol.gaskell@westcoastdhb.health.nz)**