



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

WCDHB Scholarship Application 2018

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 an 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, 19 October 2018
- Recipients Notified: Monday, 2 November 2018
- Funds available: February 2019

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					
Provide a verified NZ bank account for funds transfer Verification is a copy of a pre-printed deposit slip which includes; bank, branch, account number and suffix and the account holder's name OR confirmation of your bank details authorised by your bank					



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

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

WEST COAST DHB'S 2019 SCHOLARSHIP / STUDENTSHIP PROGRAMMES
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.

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

Name	
Signature	
Date	

WCDHB Scholarship Application closing date: 19 October 2018 – 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/- Julie Ritchie
Learning and Development
Grey Base Hospital
High Street
GREYMOUTH 7805**

OR

Email: julie.r@westcoastdhb.health.nz