# ms_NewZealand_logo_spot

# **Multiple Sclerosis Society of New Zealand Inc.**

## **DOROTHY L NEWMAN SCHOLARSHIP** APPLICATION FORM FOR STUDY

#### Information and Help

* Please attach any further information that you believe may be relevant to your application.
* If you need assistance in filling out your form please contact your Regional MS Society representative or the MS Society of NZ on 0800 MS LINE (67 5463)

#### Personal Details

Last Name:

First Name(s):

Home Address:

Home Phone:

Work Phone:

Mobile:

Email:

#### Curriculum Vitae

* Please attach a copy of your current curriculum vitae.
* List details of your employment (starting from most recent) as well as any previous academic and professional training.
* Also include any other details such as volunteer work, which you believe may be relevant to this application.

|  |  |  |
| --- | --- | --- |
| For Office Use only: | Date Received: | Status: |

#### Study Details

Intended course of study:

University /Training Institution:

Total Course Costs: $

Amount Requested: $

***Give a brief outline of why you chose this study programme; how you intend to use your qualification on successful completion of the course and the likelihood of employment following the course:***

***State why you think you deserve this scholarship***:

#### Referees

Please include the names and contact details of two people who are willing to be contacted in support of your application:

1. Full Name:

Home Address:

Daytime phone:

Email:

2. Full Name:

Home Address:

Daytime phone:

Email:

#### Authentication from Regional MS Society and/or Doctor

* Please have your Field Worker or Regional MS Society representative fill in the information below as confirmation of your identity and diagnosis of MS.
* If you are not a member of the Regional MS Society, please have your local GP complete the details instead.

Regional MS Society Representative/GP Full Name:

Regional MS Society/Region:

Signature:

Date: / /

#### Declaration

* I confirm that the information contained in this application is true and correct.
* I am aware and accept that the personal information collected about me in connection with this application will be used by the Selection Panel for the purposes of assessing this application only.
* I agree that if I am successful in my application I will be required to supply written confirmation from a neurologist of my diagnosis of Multiple Sclerosis.
* I agree that if I am successful in my application I will be required to give permission for my photo and information relating to the application (i.e. how I intend to use my qualification) to be used for publicity purposes, including, but not limited to, regular contributions to MS Voice.

Signature:

Date / /

**Post your completed application to reach:**

DL Newman Scholarship Selection Panel

MS Society of NZ

PO Box 1192

Christchurch 8148

### **Funding Round 1 deadline: 30th June 2020**

### **Funding Round 2 deadline: 31st October 2020**

**Multiple Sclerosis New Zealand**  
80 Fitzgerald Avenue • PO Box 1192, Christchurch 8140  
Telephone 0800 MS LINE (67 5463)

info@msnz.org.nz • www.msnz.org.nz • www.facebook.com/mssnz