

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:
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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:

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Study Resources

Resources requested:

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Resources to be obtained from:

Total Resource Costs: \$.....

Amount Requested: \$

Give a brief outline of why you require these resources;

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Equipment / aids that are required for employment purposes

Equipment / aids requested:

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Equipment / aids to be obtained from:

Total Costs: \$.....

Amount Requested: \$

Give a brief outline of why you require this equipment / resources.

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Counselling

Counselling requested:

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Counselling to be obtained from:

Total Costs: \$.....

Amount Requested: \$

Give a brief outline of why you require this service. This may be due to overcoming barriers to attaining employment due to MS, for example.

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Job seeking support

Job seeking support requested:

Support to be obtained from:

Total Costs: \$.....

Amount Requested: \$

Give a brief outline of why you require this support.

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Please state why you think you deserve this scholarship:.....

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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 8011

Funding Round 1 deadline: 30th June 2022

Funding Round 2 deadline: 31st October 2022

Multiple Sclerosis New Zealand

80 Fitzgerald Avenue • PO Box 1192, Christchurch 8011
Telephone 0800 MS LINE (67 5463)
info@msnz.org.nz • www.msnz.org.nz • www.facebook.com/mssnz

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