# ms_NewZealand_logo_spot

## **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 local MS Society or MSNZ on 0800 MS LINE (67 5463) or [info@msnz.org.nz](mailto:info@msnz.org.nz)

#### Personal Details

First Name(s):

Last Name:

Home Address:

Phone:

Email:

Are you a member of your local MS Society? Yes / No

#### 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.

#### Study Details

Intended course of study:

University /Training Institution:

Total Course Costs: $

Amount Requested: $

***Tell us about yourself (who are you, what are your interests and hobbies, what is important to you?)***

***Tell us about your MS and how it impacts your life?***

***How has MS impacted your career?***

***Why did you choose this programme and provider?***

***What are your long-term career goals?***

***Can you identify any limitations to either your chosen course of study or long-term career prospects?***

***What would this scholarship mean to you, and why do you think you deserve it?***

***If Scholarship funds cannot cover your full request, are you able to fund the remainder from other sources?***

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

* Please have your local MS Community Advisor fill in the information below as confirmation of your identity and diagnosis of MS along with a letter of support.

MS Community Advisor Name:

Regional MS Society:

Signature:

Date: / /

#### Referees

Please include the name and contact details of a referee who is willing to be contacted in support of your application.

1. Full Name:

Home Address:

Daytime phone:

Email:

#### 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 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.

Signature:

Date / /

**Send your completed application:**

**By Email:**

[info@msnz.org.nz](mailto:info@msnz.org.nz)

**Or Post:**

DL Newman Scholarship Selection Panel

MS Society of NZ

PO Box 1192

Christchurch 8011

### **Application Deadline: 31st October Annually**

**Best of luck.**