

Selwyn Secondary School Students' Tertiary Scholarship Application form

Applicant Full Name _____ Date of Birth _____

Applicant Residential Address _____

_____ Post Code _____

Phone _____ Cellphone _____

Email _____

Selwyn District Ward ☐ Ellesmere ☐ Selwyn Central ☐ Springs ☐ Malvern

Are you a New Zealand citizen or permanent resident ☐ Yes ☐ No

Contact details for parent or caregiver

Name _____ Email _____

Phone (day) _____ Cellphone _____

Selwyn District Ward ☐ Ellesmere ☐ Selwyn Central ☐ Springs ☐ Malvern

Applicant Education Record

Name and address of current secondary school _____

Current year at secondary school _____

Year of commencement at Selwyn secondary school _____

A copy of Record of Learning for the past 2 years is attached ☐ Yes ☐ No

Complete Subject Title and Level for the last 2 Years below

Year 13	Level	Year 12	Level	Year 11	Level

Category of application

☐ Academic ☐ Sport ☐ Arts ☐ Culture ☐ Social good / Community Wellbeing ☐ Other

Summarise participation and achievement in the relevant area/s below (including the year of achievement). Include school and/or outside achievement. All areas are not required to be completed but it is recognised that different applicants will have achieved in different areas. Additional space is available at the end of this form if necessary.

Academic (Optional)	
Year:	
Sports (Optional)	
Year:	
Arts (Optional)	
Year:	
Culture (Optional)	
Year:	
Other (Optional)	
Year:	
Contribution to social good/ Community Wellbeing	(include description of any community involvement in a club or group, leadership roles and/or voluntary activity undertaken etc)
Year:	

Further education/Training and career plans

Career Aspirations

Intended educational institution/training provider and course of study

If successful, are you prepared to be contacted, interviewed and photographed for promotional/marketing purposes by Selwyn District Council?

☐ Yes ☐ No

If successful, do you agree to provide a written summary of your Scholarship year to Council, through the Mayor's Office, within six (6) months of the end of the first year of training/study?

☐ Yes ☐ No

Statement of Support

Contact details and relationship to applicant

Full name _____ Phone _____

Email _____ Relationship to applicant _____

Statement of Support

(Include or attach - Describe connection with the applicant, how long connection has existed, specific skills and talents, achievements and successes of the applicant, demonstration of commitment exhibited by the applicant.)

Does the support person agree to be contacted for further information if necessary

☐ Yes ☐ No

Statement regarding adversity/barriers *(Optional)*

(Applicant may include here any statement he/she wishes to make regarding overcoming adversity or facing additional barriers)

Student applicant signature _____ Date _____

Parent/Caregiver signature _____ Date _____

Attachments:

- 1. Record of Learning for the past 2 years ☐
- 2. Statement of Support (if not included above) ☐

Application closes 30 September.

Please submit application to scholarships@selwyn.govt.nz

Additional space (if necessary).

Continue to summarise participation and achievement in the category specified above, including school and/or outside achievement as relevant.

Category _____

Statement of Support (optional additional support person).

Contact details and relationship to applicant

Full name _____ Phone _____

Email _____ Relationship to applicant _____

Statement of Support

(Include or attach - Describe connection with the applicant, how long connection has existed, specific skills and talents, achievements and successes of the applicant, demonstration of commitment exhibited by the applicant.)

Does the support person agree to be contacted for further information if necessary

☐ Yes ☐ No