**Scholarship Application**

**Bachelor of Education (Teaching) Early Childhood Level 7**

**Bachelor or Education (Teaching) Primary Level 7**

**Semester Two 2024**

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| **PERSONAL DETAILS** |
| First Name |  |
| Middle Names(s) |  |
| Surname |  |
| Gender |  | Date of Birth / /  |
| Postal Address |  |
| Suburb / RD Number |  |
| Town / City |  | Postcode |
| Home Phone | (0 ) | Daytime Contact / Mobile | (0 ) |
| Email Address |  |
| * Tick if you would like to receive email confirmation that your application has been received
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| **RATIONALE FOR APPLICATION** |
| How will this scholarship help you with your study?  |
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| **PERSONAL STATEMENT** |
| In 50-75 words, please explain why you are in enrolling in your chosen programme of study. |
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| **DECLARATION** |
| * To the best of my knowledge, the information I have given in this application is accurate.
* I understand that if my application is incomplete, it will not be considered.

If I am successful in my application for this Scholarship, I agree to:* Pay the appropriate levies each year personally or by student loan, if applicable, at the start of each academic year.
* Pay any shortfall between the amount of the Scholarship and the fees of study personally or by student loan, if applicable.
* I understand that if I am awarded and accept a scholarship, I am required to provide:
* A letter of thanks to the scholarship donor.
* A copy of my academic transcript, and progress report by the last day of study, semester two 2024.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **Please submit your application to:** applications@bti.ac.nz  |