**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 |