**J H Aspinall Scholarship - Application form**

**Please enter responses to the fields below. The asterisk (\*) denotes required fields in the form.**

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| **Personal details** | | | |
| \*Title | |  | |
| \*First and middle name(s) as shown on your birth certificate | |  | |
| \*Last name | |  | |
| Preferred name | |  | |
| \*Nationality of citizenship(s) | |  | |
| **Contact details (used for all correspondence regarding this application):** | | | |
| \*Street address: | |  | |
| \*Suburb | |  | |
| \*City | |  | |
| \*Postcode | |  | |
| \*Country | |  | |
| \*Contact phone number(s): | |  | |
| \*Contact email address: | |  | |
| \*Postal address | |  | |
| \*Suburb | |  | |
| \*City | |  | |
| \*Postcode | |  | |
| \*Country | |  | |
| **Tertiary education** | | | |
| \*How many university qualifications have you studied towards? (please include any qualifications for which you are currently enrolled) | | |  |
| **Details of most recent qualification** | | | |
| \*Institution name |  | | |
| \*Year from |  | | |
| \*Year to |  | | |
| \*Qualification gained |  | | |
| **Details of previous qualification** | | | |
| \*Institution name |  | | |
| \*Year from |  | | |
| \*Year to |  | | |
| \*Qualification gained |  | | |
| **Details of previous qualification** | | | |
| \*Institution name |  | | |
| \*Year from |  | | |
| \*Year to |  | | |
| \*Qualification gained |  | | |

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| **Work history and academic transcripts** | |
| \*Please send a current Curriculum Vitae with your application |  |
| \*Indicate the number of academic transcripts you are supplying. A transcript of current studies is required. Please send certified copies of all transcripts when lodging this application. Sighting of original documents may be requested. |  |
| **Postgraduate study – enrolled programme** | |
| \*Which university |  |
| \*Student number |  |
| \*In which department/faculty? |  |
| \*Date of enrolment |  |
| \*Have you received any other scholarships or awards in the last calendar year? |  |
| \*Have you applied for any other scholarships or awards in the last calendar year, for which you are still awaiting a decision? |  |
| \*What is your grade point average? |  |
| \*What is your grade? |  |
| **Postgraduate study – research and publications** | |
| \*Does your postgraduate programme include research for a dissertation or thesis? If so, please attach a statement (1,000 words maximum) outlining your research and how it relates to the objectives of this scholarship. |  |
| \*Do you want to include a list of your previous publications? |  |
| **Referee details – Supervisor/principal lecturer** | |
| \*Title and name |  |
| \*Position |  |
| \*email address |  |
| \*Contact phone number(s) |  |
| \*Please attach a reference of up to 1,000 words, indicating your level of capability and whether they support this project |  |
| **Referee details – other** | |
| Title and name |  |
| Position |  |
| email address |  |
| Contact phone number(s) |  |

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| Declaration |
| By completing and submitting this application, the applicant certifies, understands and declares that:   * the applicant has read and understood the guidelines; * the application is consistent with the eligibility requirements; * all information provided, whether by verbal representation or written, is true and correct; * the evaluation of applications has a subjective element and that the Commission is the sole and final decision-making authority; * The applicant’s name, project name, and a summary of the research and any approved funding may be made publicly available by the Commission. Further details will not be made public without prior consultation; * if a project proposal is approved, any grant of money is subject to an agreement being entered into between the applicant and the NZ Walking Access Commission   **Signed for by the applicant**:  Signature:  Name:  Date: |

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| **Submitting an Application**  Applications may be sent by email, but originals **must** also be posted. Some supporting documents may be difficult to scan or may make the file size too large to send or receive electronically. The Commission does not require multiple copies of applications, please send only one original set of documents to the Commission. Documents should not be stapled or bound. **All applications will be acknowledged**. | |
| **Post** your application and supporting information to the following address:  New Zealand Walking Access Commission  PO Box 11181  Manners Street  Wellington 6142  Attention: Elizabeth Morris  You may **email** your completed application form (but you must still post the originals) with any scanned supporting documents to: [Elizabeth.Morris@walkingaccess.govt.nz](mailto:Elizabeth.Morris@walkingaccess.govt.nz)  **The application closing date is 10 November 2017.** | If you need to **courier** your hard copy, send it to:  New Zealand Walking Access Commission  Level 15  Majestic Centre  100 Willis St  Wellington  New Zealand  Attention: Elizabeth Morris |