**WESTREAP COMMUNITY SCHOLARSHIP APPLICATION 2024**

A. Personal Information

Surname of Applicant**:**



First Names:

Date of Birth**:**

Ethnicity:





If Māori, iwi and/or hapu

Connection (if any) to manawhenua

If you were not born in NZ, please include a copy of your NZ passport/Citizenship Certificate or your passport showing your details of NZ Permanent Residency





Address:

Telephone:



Mobile:

Email:

\*Please attach supporting documentation, reports, and any formal examination results, references, certificates, musical, sporting, or cultural ability at the end of the application if you need to include it.

**Applicant’s Name: ……………………………………………………………………………….**

B. Personal Information



Tell us about you: What are your plans and aspirations and what is your involvement in the community?

*(What have you been doing? What has inspired you to change your job, get a new qualification, or take a class? Are you involved in any local community groups? Etc.)*

**Applicant’s Name: ……………………………………………………………………………….**

C. Applicant Goals



**Tell us your goal: What do you plan to use the scholarship funds to do and how might that**

**benefit the community?**

*(Example1: I plan to take classes to retrain in adult literacy and will use it to help adults in the community and in corrections learn to read.)*

*(Example2: I plan to use the funds to purchase a weed eater and business licence to start a lawn care business in town.)*

**Applicant’s Name: ……………………………………………………………………………….**

D. Scholarship Usage



Tell us your need: How, **specifically**, will the funds help you achieve your goal?

*(Example 1: The cost of the classes I plan to take this year comes to $586. I estimate that the cost of travel for the class with accommodation will be around $400, so I am asking for $1000 in total.)*

*(Example 2: The costs for equipment, PPE, and the business licence I need come to $750.)*

**Applicant’s Name: ……………………………………………………………………………….**

E. Referees

First Referee:



Name:

Relationship to Applicant:



Address:

Telephone:



Mobile:

Email:



Second Referee:

Name:

Relationship to Applicant:

Address:

Telephone:

Mobile:

Email:

**Applicant’s Name: ……………………………………………………………………………….**

F. Declaration *(must be handwritten)*

I, ………………………………………………………………………… of ……………………………………………………

*(full name of primary caregiver)* *(home address)*

solemnly and sincerely declare that the information we have provided in this application is true and correct.

Signature: ……………………………………………………………………………………………………………………….

Date: ………………………………………………………………………………………………………………………………

1. Checklist

Use this checklist to ensure that you have completed all steps before submitting your application.

Section A: Personal Information

 Completed in full

Copy of Passport/NZ Citizenship/NZ Permanent Residency permit (if applicable)

Section B: Applicant Profile

Supporting documents; references, Certificates, formal examination reports

Section C: Referee Details

Completed in full

Section D: Declaration

Completed and signed



This form should be completed and returned by **11 September 2024,** either

to WestREAP at 72 Tudor Street or emailed to reception@westreap.org.nz.