

DUNEDIN RSA WELFARE TRUST SCHOLARSHIP 2024

APPLICATION FORM

Section A	
Full name:	
Date of birth:	
Phone:	Cell:
Address:	
Email:	
Full names of parent or guardian or spo	use:
Full name:	
Address:	
Phone:	Email:
Relationship to applicant:	
Related service person:	
Date of birth:	Service number:
Relationship to applicant:	
Where did they serve:	
When did they serve:	
Which service:	_ Unit / Corps:

Section B

Have you made application to any other organisation for a scholarship or funding assistance? **Yes / No**

If Yes, name of organisation/s and result of their decision:

Section C

Course of study intended:

Which tertiary institution:_____

Please provide confirmation that you have been accepted for this course of study. (A letter from the administrator of your major department of study will suffice).

Section D

Are you entitled to a student allowance? Yes / No

What family or other financial support will you receive?

Privacy Act 1993

In providing information contained in this application the applicant consents to its use by the Dunedin RSA Welfare Trustees in the processing of this application, including the making of enquiries from such persons or organisations deemed appropriate for the full consideration of the application by the trustees.

The applicant also consents to the use of their name and photo for publicity purposes.

The trustees shall ensure that any information obtained in processing this application shall be securely stored and not available to any person or organisation except those persons involved in the consideration of the application. The applicant shall be entitled to view such information and correct it if necessary.

The information herein shall only be used for any the purpose of this application unless the consent of the applicant is obtained.

"I declare that the information contained in this application is true."

Applicant's signature: _____