The applications:

- Students of any age, normally domiciled within the Dunedin RSA area, and who
 will be undertaking a course of tertiary education in 2026, with an institution
 recognised by NZQA are invited to apply to the Dunedin RSA Welfare Trust for
 a scholarship of \$1,000.
- Applicants must have served or have had a spouse, parent or grandparent serve with the NZDF.
- Further information and application forms can be obtained from the office of the Dunedin RSA Welfare Trust by email: finance@dn-rsa.org.nz or telephone (03) 466 4886 / 0800 664 888
- The closing date for applications will be 30th November 2025

Completed applications should be forwarded to; Dunedin RSA Welfare Trust Scholarship Application PO Box 4008 St Kilda

Or emailed to: finance@dn-rsa.org.nz

DUNEDIN 9046

Completed applications, which may be posted or scanned and submitted electronically, should be accompanied by:

- A copy of Drivers Licence, Passport or School / Student ID
- At least one written reference. In the case of a secondary school applicant, this should be from the School Principal.
- Documentary proof of enrolment in a course of study from the tertiary education provider.
- Current record of NCEA / NZQA academic achievements.
- A 500 word essay explaining why the applicant believes they merit receiving assistance from the Welfare Trust and outlining what a grant from the Trust would mean to them personally should they be successful.
- Any other information considered relevant or helpful to the application.

Only complete applications will be considered by the Grants Committee.

The Grants Committee's decision will be final and no correspondence will entered into concerning the result of the scholarships.

All applicants will be advised in writing or email of the outcome of their application.

Short-listed applicants may be required to meet with the Grants Committee prior to a decision being made.

DUNEDIN RSA WELFARE TRUST SCHOLARSHIP 2026



APPLICATION FORM

Section A

Full name:	
Date of birth:	
Phone:	Cell:
Address:	
Email:	
Full names of parent or guardian or spo	ouse:
Full name:	
Address:	
Phone:	Email:
Relationship to applicant:	
Related service person: Name:	
Date of birth:	Service number:
Relationship to applicant:	
	Unit / Corps:

Se	cti	or	ı E	3
		•		_

	-	made app Yes /		on to any other o	organisa	ation for a	a scho	olarship	or funding
If	Yes,	name	of	organisation/s	and	result	of	their	decision:
	e ction (urse of s	<u>C</u> tudy inter	nded:						
Wh	ich terti	ary institu	ıtion:_						
	•			n that you have l for of your major		•			, ,
<u>Se</u>	ction I	<u>D</u>							
Are	you ent	titled to a	stude	ent allowance?	Yes	/ No			
Wh	at family	y or other	finan	cial support will y	ou rece	ive?			
				Privacy A	ct 199	3			
RSA pers	Welfare 7	Trustees in	the pro	ned in this application ocessing of this applic ned appropriate for	ation, inc	luding the r	naking	of enquir	ies from such
The	applicant	also conse	nts to t	the use of their name	and pho	to for public	city pui	rposes.	
stor con if ne	ed and r sideration ecessary.	not availab of the appl	le to a lication	ny information obtain any person or orga . The applicant shall y be used for any th	nisation be entitle	except the ed to view s	se pe uch inf	rsons inversion a	olved in the and correct it
		is obtained		y be ased for any an	c purpose	or this app	nicaciói	i unicss u	ic consent of
″I (declare t	hat the in	nforma	ation contained in	this ap	plication is	s true	."	
Apı	olicant's	signature	:						