

Name:	Course:	Funding requested: \$
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SHIRLEY McKENZIE SCHOLARSHIP FOR DEAF PEOPLE

A substantial number of shares were donated to Deaf Aotearoa New Zealand Inc. from Sir Roy and Lady McKenzie making it possible to set up a fund to provide scholarships for Deaf people.

You may apply to Deaf Aotearoa New Zealand Inc. for a scholarship to help you to:-

- Get more education
- Get a professional qualification
- Access professional development for your current job
- Get training or experience e.g. theatre, arts, crafts, photography, video making etc.

Deaf Aotearoa New Zealand Inc. prefers to assist people who will contribute (give) in some way to the welfare, education or wellbeing of other Deaf people.

Applicants must:

- have left school
- be current members of Deaf Aotearoa New Zealand Inc.
- have NZ Citizenship or NZ Residency

HOW TO APPLY:

(All instructions must be followed or your application will not be considered.)

1. Complete the application form yourself. All questions MUST be answered.
2. With the attached application form enclose a letter to say:
 - How much money you are asking for
 - How you will use the money
 - The date you will start your study or course
 - The date you will finish your study or course
 - What you will do after you finish your training
 - If you have applied elsewhere for help

- If you have applied to us before and received some money from us. If so, we require a progress report
3. Give the names and addresses of two people who know you (references should be less than 2 years old):
 - One person to give you an educational reference
 - One person to give you a character reference(These two people must not be members of your family.)
 4. Enclose an audiogram. If you do not have an audiogram, you can get one from a hospital or the Hearing Association.
 5. Enclose a passport sized photo of yourself.
 6. Enclose past results from your course if you have been a student for more than one year, or if you have received any scholarship money in the past.

No Progress Report – NO further funding will be considered.

7. If you are an employee of Deaf Aotearoa Holdings Limited (DAHL) your manager/team leader has to approve this application before you send it in to Deaf Aotearoa New Zealand Inc.

APPLICATIONS FOR ROUND 1 CLOSE ON THE 30TH NOVEMBER EACH YEAR

APPLICATIONS FOR ROUND 2 CLOSE ON THE 31ST JANUARY EACH YEAR

Post: Deaf Aotearoa National Office, PO Box 25439, Featherston Street,
Wellington Central 6146

Fax: 09 828 3235

Email: becky.hadfield@deaf.org.nz

SHIRLEY McKENZIE SCHOLARSHIP APPLICATION FORM

1. Name (Mr/Mrs/Miss/Ms):.....

Address:

.....

Contact phone number:.....

Mobile Number:Email:.....

2. Date of Birth:

3. Job or occupation (now):.....

If you are employed by Deaf Aotearoa Holdings Limited has your
manager/team leader approved this application? Yes / No

(In the past):

4. Your school(s):.....

.....

5. Examinations you have passed:.....

.....

Certificates or qualifications:.....

.....

6. Do you belong to any Deaf Clubs / Societies or other Organisations?

Name of Club(s)/ Organisation(s).....

.....

7. How have you contributed to the Deaf Community?

.....
.....

8. Reference for education:

Name:

Address:

.....

Phone Number (.....)..... Fax Number (.....).....

Email Address:

Reference for character:

Name:

Address:

.....

Phone Number (.....)..... Fax Number (.....).....

Email Address:

9. Please tick: I am a current member of Deaf Aotearoa NZ Inc

Copy of audiogram enclosed.....

Letter from you:

Passport photo of you:

10. Amount required:



11. What course are you applying for?

.....

12. How is the money going to be used?.....

.....

13. What is your goal on completion of study?.....

.....

14. Have you applied to any other organisations for funds? Yes / No

If yes, who?.....

15. Have you applied for this scholarship before? Yes / No

If yes, did you receive any money? Yes / No

If yes, how much did you receive?

What were the results from your course? Please attach a copy of your results with this application form.

Please tick: Copy of progress report and course marks enclosed:

16. If you are successful with this application Deaf Aotearoa New Zealand Inc. would like to transfer the money into your account quickly. To do this we need your Bank details:

Bank Account Number:.....

Name on the Account:

Bank Name and Branch Address:.....

.....



17. Deaf Aotearoa New Zealand Inc. reserves the right to announce names and photos of successful applicants, and to publish success stories when it is desirable to do this. If you agree to this, have answered all questions truthfully and added any comments, please sign and date this form below.

Signature:

Date: