## Graduate Women Otago

## **Brenda Shore Award for Women**

## Application form

Miss/Mrs/Ms	Surname	
Given Name (underline name by which you are known)		
Date of Birth	Place of Birth	
Address for correspondence about this application		
Telephone	Email	
University of Otago Student ID		
Qualification(s) Gained		
Title of thesis		
Life Experiences (100 words)		
For which postgraduate degree do you propose to study?		
Name and contact details of your supervisor(s		

Please provide a 500-word description in lay terms of your proposed project (continue on a separate sheet if necessary)		

How would the Brenda Shore Award for Women contribute	to your project? (100 words)
What date do you expect to complete this project?	
Please provide contact details of two people who are willing	g to be your academic referees:
Name:	
Address:	
Email:	Telephone:
Name:	
Address:	
Email:	Telephone:
Members of the advisory committee may seek either writte	n or verbal referees' reports
Please confirm the following is attached:	
A brief budget outlining costs for your proposed res	earch
A copy of your academic record	
I hereby declare that the information supplied in this application disclosure of personal information supplied or obtained in canagencies where disclosure is required. I consent to the Schopersonal information held by me by the University of Otago,	onnection with my application to olarships Administrator obtaining any
Signature of applicant:	Date
This completed application form must be emailed to:	
Student Administration (Scholarships)	
Fmail: scholarships@otago.ac.nz	