Dr E. C. Grant and Mrs H. M. Grant Memorial Medical Scholarship Application



By 5:30pm on 1 March, applicants must email their application to Student Administration (Scholarships): scholarships@otago.ac.nz

The application must include the following:

- Completed Application Form (including covering letter)
- Two Letters of Reference
- Academic record (not required for current University of Otago Students)

Student ID Number: (Otago students only, f	rom your ID card)		
Surname:			
First Names:			
Address:			
Email Address:			
I reside in, have resided in, or have strong West Coast:	g affiliations with the North	Island East Coast or the S	outh Island
west coust.	Yes	No	
I have been admitted into the second year	ar of the MB ChB Programm	e:	
	Yes	No	

PRIVACY STATEMENT

- The information provided in your application and your academic record will be used for the purposes of assessing your application for the scholarship for which you have applied.
- The Scholarships Administrator may obtain, for purposes related to your application any personal information about you held by the Academic or Finance Sections of the University (including academic records, enrolment information and scholarship information).
- Applicants shall agree to co-operate with any publicity of the scholarship for which they have applied. Such publicity may include material provided with your application, photographs and interviews with scholarship recipients.

DECLARATION

- I have read and understood the privacy statement above and agree to its conditions.
- I have read the regulations for the Scholarship and agree to abide by them.
- I declare that, to the best of my knowledge, all the information supplied in and attached to this form is true and correct.
- I accept that providing false and incomplete information may result in facing penalties including, but not limited to, the loss of any scholarship awarded.

SIGNATURE	

Coveri	ng L	ette	er
Please i	_		
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- Your period of residence in either:
 - The East Coast of the North Island (defined geographically to include the Whakatane area to Wairoa)
 - The West Coast of the South Island
 - Your <u>iwi affiliations</u> (if applicable)
 - Your career aspirations

•	Why your blend of academic achievement, leadership skills, and community service capacities qualify you to
	fulfil the commemorative nature of this scholarship

Lottons of Defenders (Information associated	hough a result and to a his in reference will be book in the sheet
confidence)	by the applicants and/or their referees will be kept in the strictest
Two personal letters of reference are required	d. Please include these two letters in your application, or arrange for your arships@otago.ac.nz by the application closing date.
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