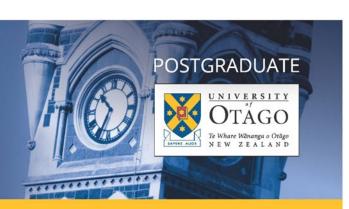
Maria Marsh Memorial Postgraduate Scholarship in Mental Health Application



By 5:30pm on the closing date, 20 November, applicants must email their application to Student Administration (Scholarships): scholarships@otago.ac.nz

The application must include the following:

- Completed Application Form (including research statement/abstract/budget)
- Academic Reference Letter
- 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			
Phone Number			
Date of Birth			
NZ Citizen or Permanent Resident	Yes	No	
Intended Programme of Study	res	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.

APPLICANT SIGNATURE	DA	TE
·		

Referees (Information provided by the applicants and/or their referees will be kept in the strictest confidence) Please fill in the details of your chosen referee below. Please also attach your letter of reference that your referee has provided to this application form, or arrange for your referee to send their letter directly to scholarships@otago.ac.nz .
Name
Position
Email Address
Phone Number
Research Details

Droc	gramme of Study
FIUE	tainine of study
Dep	artment
Sup	ervisor(s) if applicable
Pror	posed Research Title if applicable
110	research that it applicable
Rese	earch Abstract if applicable

Reason for applying for this scholarship (500 Words Max)