

## Science Horizons Scholarship

Family name:				
Given name(s):				
Secondary school:				
Contact address:				
Telephone number:				
Email address:				
Please list your New Zealar	nd Scholarship (or equ	uivalent) subjects.		
Which degree/s are you enr	olled for at the Unive	rsity of Otago?		
Have you applied for any or	ther scholarships to as	ssist you at univers	ity? If so, provide deta	ails:

Declaration				
I have read and understood the regulations for the University of Otago Science Horizons Scholarship and agree to abide by them.				
Signed:				
Date:				

Please complete and return this application by 10 December to:

Scholarships Office

Graduate Research School

University of Otago

POBox 56

Dunedin 9054

scholarships@otago.ac.nz

## PLEASE CHECK:

- I have arranged for an academic reference from my School Principal, Deputy Principal or Assistant Principal or Year 13 Dean to be forwarded to the Scholarships Office no later than 10 December.
- I will forward a copy of my results for the New Zealand Scholarship examinations (or international equivalent) to the Scholarships Office when they become available.
- I have signed the declaration section (above).