

New Zealand Federation of Graduate Women (Otago Branch)

# Brenda Shore Award for Women

## Application form

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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)

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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 to be your academic referees:

Name:

Address:

Email:

Telephone:

Name:

Address:

Email:

Telephone:

Members of the advisory committee may seek either written or verbal referees' reports

Please confirm the following is attached:

A brief budget outlining costs for your proposed research

A copy of your academic record

I hereby declare that the information supplied in this application is true and correct. I authorise the disclosure of personal information supplied or obtained in connection with my application to agencies where disclosure is required. I consent to the Scholarships Administrator obtaining any personal information held by me by the University of Otago, or any university I have attended.

Signature of applicant:

Date

This completed application form must be sent to:

Scholarships Office  
Graduate Research School  
University of Otago  
PO Box 56  
Dunedin

**Applications must be received by the University no later than 28 February.**