



MARK ASHFORD MEMORIAL SCHOLARSHIP APPLICATION

FULL NAME: **DATE OF BIRTH:**

ADDRESS:

PHONE: **MOBILE:**

EMAIL:

I HAVE TAKEN THE FOLLOWING COURSE(S) IN THE PAST 12 MONTHS:

Name of Institution:

Course of Study:

Please attach a copy of your results from this past year's study.

DID YOU RECEIVE GRANT FUNDING FROM ANY SOURCE INCLUDING THE CYSTIC FIBROSIS ASSOCIATION OF NEW ZEALAND? If so, please list source and amount:

1. _____
2. _____
3. _____

PAST ACADEMIC ACHIEVEMENTS:

Please list, beginning with most recent and highest achievement:

If you are successful in winning this Scholarship, how do you intend to use the \$3000 award?

(Please continue over the page)

OTHER INFORMATION (why you feel you should be considered for this award):

REFEREES:

1. NAME:

Connection to you:

Phone contact:

2. NAME:

Connection to you:

Phone contact:

Date Signature

Recipients of the scholarship should make themselves available for presentation of this award at the Association's National Conference held in May each year. (All costs incurred in attending the presentation will be covered by the Association.)

Completed applications should be returned by 28th February to:

Administration Manager

Cystic Fibrosis Association of N.Z

P O Box 8241

CHRISTCHURCH

In memory of the tremendous contribution Mark made during his time at the company, the Mark Ashford Memorial Scholarship is proudly supported by



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