

**Mark Ashford Memorial Scholarship Application**

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| --- | --- | --- | --- |
| Name: |  | Date of birth: |  |
| Address: |  | Phone: |  |
|  |  | Mobile: |  |
| City: |  | Email: |  |
| Postcode: |  |  |  |
|  |  |  |  |
| In the past 12 months I have undertaken the following course(s) of study/ skill: |
| 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 Cystic Fibrosis NZ)?If so, please list source and amount. |
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| **Previous academic achievements**Please list your previous academic achievements, starting with your most recent |
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| If you are successful in winning the Mark Ashford Memorial Scholarship, how do you intend to use the award ($3000)? |
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| **Other comments** Please tell us if there are any other reasons you think you should be considered for this award. |
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| Please give us more information about you personally, eg sports, interests etc |
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| **Referees**Please name two referees, who may be contacted regarding this application |
| Name: |  |
| Telephone: |  |
| Connection to you: |  |
| Name: |  |
| Telephone: |  |
| Connection to you: |  |
| Completed applications should be received by 28 February 2020 to:Office ManagerCystic Fibrosis NZPO Box 110 067Auckland HospitalAuckland 1148Or email admin@cfnz.org.nz  |