Design1:Users:design1:Desktop:CFNZ Logo Horiz.wmf

**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 Manager  Cystic Fibrosis NZ  PO Box 110 067  Auckland Hospital  Auckland 1148  Or email [admin@cfnz.org.nz](mailto:admin@cfnz.org.nz) | | | | |