

Janet & Leonard STORRY SCHOLARSHIP FUND

Please use a black pen to assist in photocopying.

Name and contact address/telephone number of person making this application
(state your relationship to the applicant)

Name of applicant in full:- _____
First names Surname

Applicant usually known as:- _____

Age at 30th September this year:- _____

Date of birth:- _____ (attach evidence of age)

Citizenship:- _____

Home address:- _____

Phone number:- _____ **E'Mail Address:-** _____

Details of personal talents, skills and abilities of the applicant:-
(attach supplementary sheets if needed)

Details and dates of educational background over the past three years; courses taken; copies of exam results:-

Details and external evidence of educational costs for which the applicant is seeking assistance:-

Details of parents'/guardians' taxable income for the last financial year, number of siblings and any other information that may help the trustees to assess the financial circumstances of the applicant:

Details of any income the applicant will be receiving during the period of this Scholarship:-

Reasons for applying for financial assistance:- _____

Specific sum being requested from the Scholarship and payable to whom (e.g. name of third party):-

Details of financial assistance being sought / provided from any other funding sources:-

Details of any missionary vocation / Christian involvement:- _____

Please attach written statements from three referees, including one from the Principal of the applicant's current / last school. References need to be current (not more than six months old) and clarify the nature of the writer's relationship with the applicant. In the event of further clarification being required the Trustees reserve the right to approach any individual referee for additional comments:-

1) Name of referee: _____

Address: _____

2) Name of referee: _____

Address: _____

3) Name of referee: _____

Address: _____

Any additional information you would like to submit in support of this application :-
(please attach supplementary material)

Declaration:- I declare that the information I have provided is true and complete and that if awarded a Storry Scholarship, I will use it solely for the purposes described above. I understand that the discretionary power of forfeiting or terminating such Scholarship is vested in the Trust Board of Anglican Care (Canterbury/Westland), by whose decision I agree to abide. I further agree to undertake to write a written report demonstrating the benefits gained from the Scholarship and send this to The Trustees of the Storry Scholarship within four weeks of the completion of the educational purpose for which financial assistance was approved. I give my permission for Anglican Care to use this report in any publicity promoting the Storry Scholarship.

Signature of person making this application:- _____

Date:- _____

This application form, together with evidence of age and three letters of reference, needs to be submitted to the Storry Scholarship, Anglican Care, P O Box 4438, Christchurch 8140 not later than 30th September in respect of scholarships to be awarded for use in the following calendar year. Please attach further material if desired.

Updated May 2012