



ROTARY CLUB OF TARADALE
KELVIN TREMAIN MEMORIAL EDUCATION
TRUST



Sponsored by



APPLICATION FORM

1. **NAME** (Surname first) _____
2. **ADDRESS** _____
3. **PHONE No.** _____ **DATE OF BIRTH** _____ **SEX** M/F
4. **PRESENT SCHOOL, TERTIARY INSTITUTION, OR OCCUPATION** _____

5. SECONDARY ACADEMIC RECORD

Qualification	Endorsement	No. credits Awarded	No. Merit Credits Gained	No. Excellent Credits Gained
NCEA L1		(80)		
NCEA L2		(80)		
NCEA L3		(80)		
NCEA L4 (Scholarship)		(72)		

Please list the major subject areas you studied for your NCEA or are currently studying. If you were at school before NCEA, give your Sixth Form Certificate and Bursary results

6. TERTIARY ACADEMIC RECORD (List Tertiary Institutes attended, any qualifications already gained, and current or planned course of study. Include results to date).

7. **COMMUNITY BACKGROUND** (Clubs, committees, sports, cultural interests, work experience etc.). _____

8. **REASONS FOR APPLICATION.**

Proposed course _____ at _____

Qualifications sought _____

If you are seeking assistance because you have a medical disability, please supply details of your condition on a separate sheet of paper

Full details of financial need beyond your normal resources (e.g. family circumstances - brief, general statements; caregivers situation; number of brothers and sisters etc. See budget form attached)

9. **DETAILS OF OTHER SCHOLARSHIPS, AWARDS, GRANTS** (Applied for or entitled to receive). _____

10. **REFEREES (Include two adult people (not school staff) who can speak on your behalf)**

NAME _____

NAME _____

ADDRESS _____

ADDRESS _____

PHONE _____

PHONE _____

11. **SIGNATURE OF APPLICANT** _____ **Date** _____

(Note: The personal details on this form are strictly confidential to trustees. The forms of unsuccessful candidates will be destroyed. Those of successful candidates will be held for later use in making awards).

APPLICATIONS, together with the completed budget form, should be mailed to:

**The Trustees
Kelvin Tremain Memorial Education Trust
P O Box 7084, Taradale.**

Closing date for applications for grants is **the first Monday in December.**

DO NOT INCLUDE CV'S AND/OR TESTIMONIALS.

ROTARY CLUB OF TARADALE

KELVIN TREMAIN MEMORIAL EDUCATION TRUST.

STUDENT BUDGET.

NAME _____ Date _____

COURSE _____ at _____

	<i>PER YEAR</i>	<i>TOTALS</i>
LIVING EXPENSES		
Board or hostel (@.....per week)	_____	
Bond	_____	
	Sub Total	_____
ADMINISTRATION EXPENSES		
Administration fee	_____	
Building fee levy	_____	
Student association fee	_____	
Orientation	_____	
	Sub Total	_____
STUDY COSTS		
Course fees	_____	
Textbooks	_____	
Stationery	_____	
	Sub Total	_____
MISCELLANEOUS		
Return trips home	_____	
Medical insurance	_____	
Sports fees & costs	_____	
Social (@.....per week)	_____	
Extra food	_____	
Clothing, toiletries	_____	
Unexpected	_____	
	Sub Total	_____
	<u>TOTAL EXPENSES</u>	_____
INCOME		
Savings at 1 st March	_____	
Student Allowance	_____	
Other Bursaries	_____	
Parent help	_____	
	<u>TOTAL INCOME</u>	_____
	<u>SHORT FALL</u>	_____