



West Coast District Health Board

Te Poari Hauora a Rohe o Tai Poutini

Corporate Office
High Street, Greymouth

Telephone 03 768 0499
Fax 03 768 2791

Application For West Coast District Health Board Scholarship Form

(Please Note: Information collected on this form is used to assess your suitability for a West Coast DHB Scholarship. The information will be held in a secure place with only properly authorised people having access to it. You have the right to access to your personal information and to seek any correction you think necessary to ensure accuracy.)

Te Ra

Date of Application: _____

Ingoa

Name: _____

Wāhi Kainga

Home Address: _____

Pou Reta

Postal Address: _____

(if different from home address)

Waea i te Ra

Daytime Telephone: _____

Waea i te Po

Evening Telephone: _____

Emera

Email: _____

Tane / Wāhine

Gender: _____

WHICH ETHNIC GROUP(S) DO YOU BELONG TO? (Please tick the box/es which apply to you)

New Zealand European ☐

Samoaan ☐

Cook Island Maori ☐

Chinese ☐

Maori ☐

Tongan ☐

Nieuan ☐

Indian ☐

Other ☐ (Please state): -

Wāhi ako inaianei

School/Tertiary Institution currently attending: _____

Name of Tertiary Institution where you intend studying (if currently at school): _____

How did you learn about this scholarship? _____

Are you the recipient of any other scholarship and if so please provide details:

Type of course being undertaken or that you are intending undertaking: _____

Academic Background (please provide at least last year's academic results and any completed results from this year):

[illegible]

Outline (in 500 words) how winning a scholarship would help you and what your career aspirations are:

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Please return completed forms to:

**HR Administrator
West Coast DHB
PO Box 387
GREYMOUTH**