

Information and Help

- Please attach any further information that you believe may be relevant to your application.
- If you need assistance in filling out your form, please contact your local MS Society or MSNZ on 0800 MS LINE (67 5463) or info@msnz.org.nz

Personal Details

First Name(s):.....

Last Name:

Home Address:.....

Phone:.....

Email:

Are you a member of your local MS Society? Yes / No

Curriculum Vitae

- Please attach a copy of your current curriculum vitae.
- List details of your employment (starting from most recent) as well as any previous academic and professional training.
- Also include any other details such as volunteer work, which you believe may be relevant to this application.

Study Details

Intended course of study:

University /Training Institution:

Total Course Costs: \$

Amount Requested: \$

Tell us about yourself (who are you, what are your interests and hobbies, what is important to you?)

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Tell us about your MS and how it impacts your life?

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How has MS impacted your career?

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Why did you choose this programme and provider?

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What are your long-term career goals?

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Can you identify any limitations to either your chosen course of study or long-term career prospects?

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What would this scholarship mean to you, and why do you think you deserve it?

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If Scholarship funds cannot cover your full request, are you able to fund the remainder from other sources?

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Authentication from Regional MS Society and/or Doctor

- Please have your local MS Community Advisor fill in the information below as confirmation of your identity and diagnosis of MS along with a letter of support.

MS Community Advisor Name:

Regional MS Society:

Signature:

Date: / /

Referees

Please include the name and contact details of a referee who is willing to be contacted in support of your application.

1. Full Name:

Home Address:.....

Daytime phone:.....

Email:

Declaration

- I confirm that the information contained in this application is true and correct.
- I am aware and accept that the personal information collected about me in connection with this application will be used by the Selection Panel for the purposes of assessing this application only.
- I agree that if I am successful in my application, I will be required to give permission for my photo and information relating to the application (i.e. how I intend to use my qualification) to be used for publicity purposes.

Signature:.....

Date / /

Send your completed application:

By Email:

info@msnz.org.nz

Or Post:

DL Newman Scholarship Selection Panel
MS Society of NZ
PO Box 1192
Christchurch 8011

Application Deadline: 31st October Annually

Best of luck.