

The David Saunders Further Education Scholarship Application Form

Section	Details
Full Name	First Name: _____ Last Name: _____
Contact Information	Phone Number: _____
	Email Address: _____
	Address: _____ _____
Date of Birth	_____
Position/Role (if applicable)	_____
Current Educational Institution	Name: _____
	Address: _____
	Program/Course of Study: _____
	Year of Study: _____
Previous Education	High School/Institute/University: _____
	Year of Graduation: _____
Scholarship Amount Requested	_____

**Alternative
Funding
sources**

Has there been any alternative funding options reviewed or applied for

Yes/No

If Yes, please state who _____

**Purpose of
Scholarship**

(Describe how you plan to use the scholarship funds, e.g., tuition, books, supplies, etc.) _____

(Provide a brief statement (300 words max) explaining your motivation, goals, and how this scholarship will help you.)

Declaration

I certify that the information provided in this application is true and accurate to the best of my knowledge.

Signature: _____ **Date:** _____

**Submission
Instructions**

Please submit your completed application form to:
dan.pallister-coward@salisburystreet.co.nz