



# Information & Application Form Colleen McPherson Memorial Grant

## COLLEEN MCPHERSON MEMORIAL GRANT

### **About this Scholarship**

This scholarship has been established in memory of Colleen McPherson who was a lecturer at UCOL (Universal College of Learning).

The aim of the scholarship is to give financial help to a student who has a disability or has a 'dependant' with a disability and is facing additional costs or exceptional circumstances. This may be tuition, course related costs or other living costs.

The value of the scholarship is \$1000 and may be awarded to more than one student. All sections of the application are to be completed.

#### **Criteria**

- Applicants must be enrolled in and attending a course at UCOL Te Pūkenga, with preference given to full time study.
- When awarding the scholarship, the Selection Committee will consider the circumstances of each applicant, including how much responsibility you have for the dependant and what extra costs are incurred.
- The dependant can be a child, spouse, partner or other family member to whom you provide care.
- The award may be made to one student, or divided in any way determined by the Committee.
- The Committee will not comprise any person who has nominated an applicant or acted as a referee for the applicant.

#### What To Do

- 1. Complete the attached application form and budget sheet
- 2. Either email your application to <u>ScholarshipPN@ucol.ac.nz</u>, hand it in to the Information Centre, or post it addressed to:

Information Centre UCOL Te Pūkenga Private Bag 11022 Palmerston North 4442

**Attention: Scholarship Administrator** 

Applications close 30 September each year

PERSONAL DETA	LS					
Surname:						
First Names:						
Age (optional):						
Age (optional).						
Postal Address:						
					POSTCODE	
Email Address:						
Student ID Number:						
Courses enrolled in:						
Tick one:	Full Time Place	sa continua vou	r applicati	on details on a sen	grate sheet of paper if pagessary	
Tick one:	Full Time Part Time Pleas	se continue you	r application	on details on a sep	arate sheet of paper if necessary.	
DOCUMENTS TO	PROVIDE					
		_		_		
(Please tick the boxes to i	ndicate you have completed and submitte	ed all required	documen	ts)		
Application Form						
	ces (References should be current, dated an	nd signed)				
One for Acaden	nic Progress confirm facts about your disability					
	UCOL Te Pūkenga results (Ask UCOL Te Pi	ūkenga for this	allow two	weeks minimum)		
	nd citizenship (birth certificate, passport)	anenga jor uno,	anow two	weeks minimum,		
	of why you believe you should receive th	is scholarshin	including			
A brief description		is scrioiarship	including	•		
	Your progress to date on your current course and any personal academic goals that you have achieved.					
	al background, work history, and commun emic or employment plans you may have.					
Completed budget f						
Information about a	any other scholarship you are receiving					
DECLARATION						
Lam meeting all cou	rse attendance and assessment requirem	ents				
		crics.				
All information provided is true and correct.  I give permission for this information to be used for the purpose of this scholarship. UCOL Te Pūkenga guarantees the information will not						
be used for other purpos			p. 0001	. e r anenga gaara		
Full Name (Please Print):						
Signature:		Date:	DAY	MONTH	YEAR	

Thank you for submitting this application. You will be notified as soon as the final selection has been confirmed.

DEPENDANT (to be filled in if applying due to dependant)						
Relationship of the dependar	nt to you:					
Age of dependant:		Do they live with you? Tick one: Yes No				
What level of involvement do have with the care of this per	o you rson?:					
Outline the current circumsta and issues currently facing yo supporting this person:						
What extra time and costs are involved with looking after yo dependant?:						

#### REFERENCES

Please supply two written references, including one from someone who can confirm the facts about the disability e.g. a doctor, health professional or social worker.

PERSONAL SITUATION				
Write a brief description of yourself, with an explanation of your circumstances:				
Outline the current circumstances and issues currently facing you:				
What extra time and costs are involved due to your disability?:				

#### **FINANCIAL SITUATION**

Applicant's Full Name:			
INCOME	Annual:	Monthly:	Weekly:
Student Allowance:	\$	\$	\$
Loan Living Costs:	\$	\$	\$
Benefit:	\$	\$	\$
ACC:	\$	\$	\$
Partner's Income:	\$	\$	\$
Salary/Wages:	\$	\$	\$
Family/Child Support:	\$	\$	\$
Other Income:	\$	\$	\$
Total Weekly Income:		\$	
EXPENDITURE	Annual:	Monthly:	Weekly:
Food & House Keeping:	\$	\$	\$
Utilities (gas/power/water/Internet):	\$	\$	\$
Phone:	\$	\$	\$
Rent/Board/Mortgage/Rates:	\$	\$	\$
Insurance (home/contents/car/etc):	\$	\$	\$
Study Related Expenses (books, materials):	\$	\$	\$
Personal Expenses (clothing, leisure):	\$	\$	\$
Petrol/Fares:	\$	\$	\$
Vehicle Maintenance/Registration:	\$	\$	\$
Childcare/Child Support:	\$	\$	\$
Other Expenditure:	\$	\$	\$
Total Weekly Expenditure:			\$
Total Weekly Income:			\$
minus (-) Total Weekly Expenditure:			\$

To change **annual** expenditure to **weekly** expenditure divide (÷) by 52.

To change **monthly** expenditure to **weekly** expenditure multiply (x) by 12 then divide (÷) by 52.

To change **fortnightly** expenditure to **weekly** expenditure divide (÷) by 2.