

COLLEEN MCPHERSON MEMORIAL GRANT

INFORMATION & APPLICATION FORM

ABOUT THE 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.

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, with preference given to full time study.
- In making the award 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 for.
- 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 hand in your applications to the Information Centre

Or addressed to:

Information Centre
UCOL
Private Bag 11022
PALMERSTON NORTH 4442
Attention: Scholarship Administrator

Applications close in September

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PERSONAL DETAILS

Tick one: Ms Miss Mrs Mr

Surname

First Names

Age (optional)

Postal Address

POSTCODE

Contact Phone

Student ID Number

Programmes
enrolled in

Tick one: Full Time Part Time

Please continue your application details on
a separate sheet of paper if necessary.

DOCUMENTS TO PROVIDE

(Please tick the boxes to indicate you have completed and submitted all required documents)

Two written references
(References should be current, dated and signed)

One for academic progress

One medical to confirm facts
about your disability

A Transcript of your UCOL results
(Ask UCOL for this, allow two weeks minimum)

Proof of New Zealand Citizenship

**A brief description of why you believe
you should receive this scholarship including:**

- A brief description of yourself.
- Your progress to date on your current course.
- Your educational background, work history,
and community interests
- Any future academic or employment plans
you may have.

In which degree programme are you enrolled?
Include details of the programme including if is it full-time or
part-time. What personal academic goals have you achieved?

Completed budget form

**Information about any other scholarship
you are receiving**

DECLARATION

I am meeting all course attendance and
assessment requirements

All information provided is true and correct

I give permission for this information to be used for
the purpose of this Award. UCOL guarantees the
information will not be used for other purposes.

Date

Signed

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

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DEPENDANT (to be filled in if applying due to dependant)

Relationship of the dependant to you:

Age of dependant:

Is he/she living with you? Tick one:

Yes

No

What level of involvement do you have with the care of this person?:

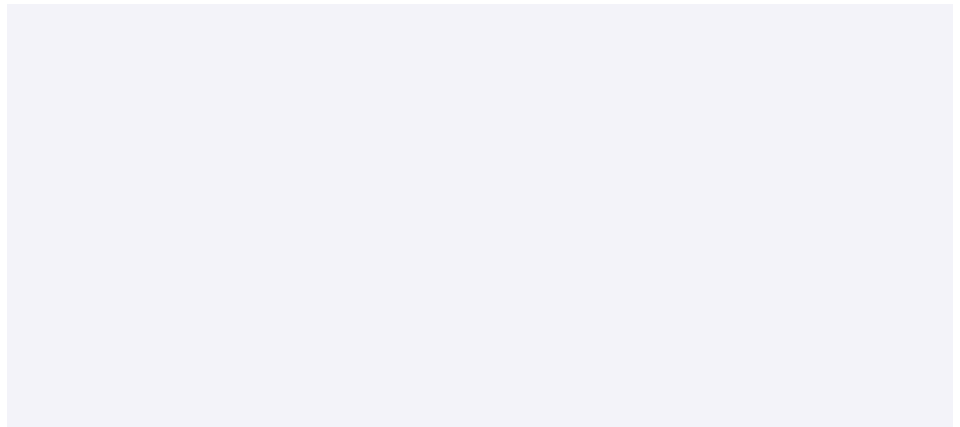
Outline the current circumstances and issues currently facing you in supporting this person:

What extra time and costs are involved with looking after your dependant?:

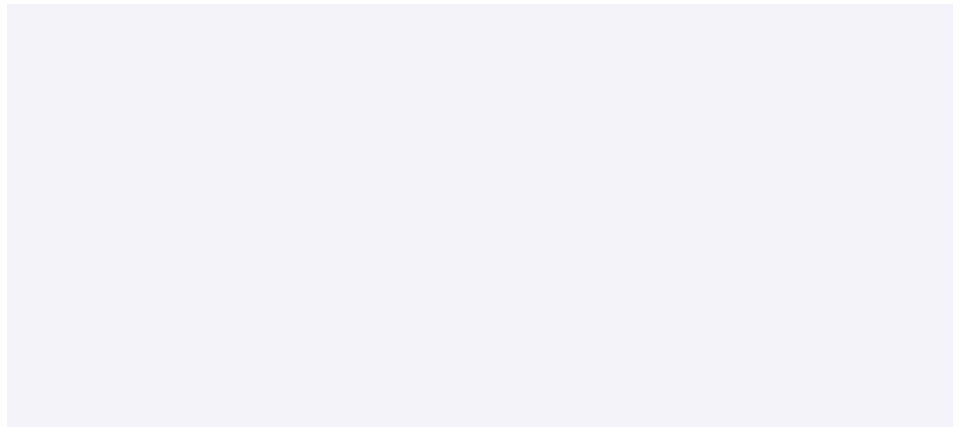
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PERSONAL SITUATION

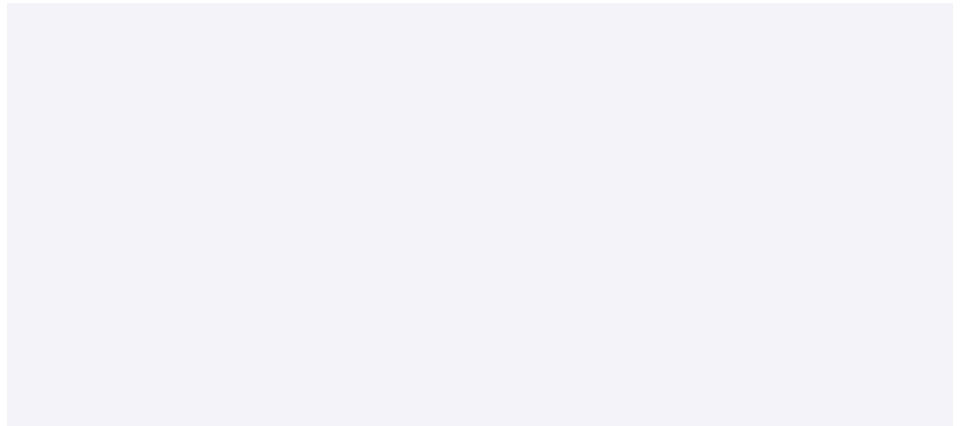
Write a brief description of yourself, with an explanation of your circumstances:



Outline the current circumstances and issues currently facing you:



What extra time and costs are involved due to your disability?



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.

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ESTIMATED INCOME & EXPENDITURE

Candidate's name

INCOME

	Annual	Monthly	Weekly
Student Allowance	\$	\$	\$
Loan Living Costs	\$	\$	\$
Benefit	\$	\$	\$
ACC	\$	\$	\$
Partners Income	\$	\$	\$
Salary/Wages	\$	\$	\$
Family/Child Support	\$	\$	\$
Total Weekly Income			\$

EXPENDITURE

	Annual	Monthly	Weekly
Food & House Keeping	\$	\$	\$
Gas/Power	\$	\$	\$
Phone	\$	\$	\$
Rend/Board/Mortgage/Rates)	\$	\$	\$
Insurance (home/contents/car)	\$	\$	\$
Study Related Expenses (books, materials)	\$	\$	\$
Personal expenses (clothing, leisure)	\$	\$	\$
Petrol/Fares	\$	\$	\$
Vehicle Maintenance/Registration	\$	\$	\$
Childcare/Child support	\$	\$	\$
Total Weekly Costs			\$

Total Weekly Income

minus (-) Total Weekly Costs

To change annual costs to weekly costs divide (÷) by 52

To change monthly costs to weekly costs multiply (x) by 12 then divide (÷) by 52

To change fortnightly costs to weekly costs divide (÷) by 2