



UCOL : Palmerston North

COLLEEN MCPHERSON MEMORIAL GRANT

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.

Application forms are available online or at Hub Central, UCOL, Palmerston North.
Email ScholarshipPN@ucol.ac.nz for further information.

Deadline

Applications close the first Friday in September each year.

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.

What to do

- Complete the attached application form and budget sheet
- Either hand in your applications at the Student Resource Centre
- Or addressed to:

Student Resource Centre
UCOL
PB 11022
PALMERSTON NORTH
Attention: Scholarship Administrator



Call 0800 GO UCOL
0800 46 8265

APPLY ONLINE
www.ucol.ac.nz
TXT 3388

Application Form

COLLEEN MCPHERSON MEMORIAL GRANT

Personal details

Tick one: Ms Miss
 Mrs Mr

Surname: _____

First Names: _____

Age (optional): _____

Postal Address: _____

Contact Telephone: _____

Student ID Number: _____

Course enrolled in: _____

Tick one: Full time Part Time

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

Declaration

- I am meeting all course requirements 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.

Documents to supply

Please tick the boxes below to indicate you have completed, and submitted all required documents.

- Two written references
 - One for academic progress
 - One medical to confirm facts about disability
- A transcript of your results
- 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 course are you enrolled? 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.

Date: _____

Signature: _____

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

Application Form

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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?: _____

Personal Situation

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

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.

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

Application Form

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Estimated Income and 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 | \$ | \$ | \$ |
| Rent/Board/Mortgage/Rages | \$ | \$ | \$ |
| 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 12

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



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