

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 from online or at Student Health & Counselling, Kearns Block 11, UCOL. Forms can be sent to you by email. Please send an email to ScholarshipPN@ucol.ac.nz

Deadline

Applications close 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

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.

What to do

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
 - A character reference
- A transcript of your results (if applicable)
- 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

Completed budget form

Financial Assistance

Do you receive / or are you likely to receive any other forms of financial assistance, e.g. Student Allowance / other scholarships / awards?

Tick one: Yes No

If yes, please give details: _____

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 Scholarship. UCOL guarantees the information will not be used for other purposes.

Date: _____

Signature: _____

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

Budget Sheet

Colleen McPherson Memorial Grant

Estimated Income and Expenditure for Current Academic Year

Candidate's name: _____

Income

	Annual <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly
Student Allowance <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Loan Living Costs <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Benefit <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
ACC <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Partners Income <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Salary/Wages <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Family/Child Support <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

Total Weekly Income \$

Expenditure

	Annual <input type="checkbox"/>	Monthly <input type="checkbox"/>	Weekly
Food & House Keeping <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Gas/Power <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Phone <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Rent/Board/Mortgage/Rates <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Insurance (home/contents/car) <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Study Related expenses (books, materials) <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Personal expenses: (clothing, leisure) <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Petrol/Fares <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Vehicle Maintenance/Registration <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
Childcare/Child support <input type="checkbox"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

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