

Branch Student Scholarship



WAIKATO BAY OF PLENTY BRANCH OF THE
NEW ZEALAND DENTAL ASSOCIATION

APPLICATION FORM

Before applying, please read the Scholarship conditions.

This application must be submitted to: secretary@wbopnzda.org.nz

All enquiries can be directed to: secretary@wbopnzda.org.nz

Applications close at 5.00 pm on 31st March.

YOUR PERSONAL DETAILS

Full name:	
University of Otago Student ID:	Date of Birth:
Street Number and Name:	
Town/City:	
Post Code:	
E-mail:	
Home Phone:	
Cell Phone:	

APPLICATION DETAILS

Please list the secondary school(s) which you have attended.	
School:	Years:
School:	Years:
School:	Years:

ATTACHMENTS

Please attach the following to your application form:

- A covering letter (outlining interests, where you are from, and any other relevant background information)
- A brief curriculum vitae (no more than four A4 pages in length) including referees
- A copy of your NCEA results (or equivalent, plus university academic record thus far)

CONDITIONS

I understand that:

1. If I am offered a WBOP NZDA Branch Student Scholarship, and accept it, I will only be eligible to be formally awarded the Scholarship if I am enrolled at the University of Otago School of Dentistry in the year of tenure and complying with any other specific requirements of the award.

2. The WBOP NZDA Branch Executive Committee may terminate a Scholarship at any time and recoup any funds awarded, if it is satisfied that the holder is not following the required programme of study.

PRIVACY DECLARATION

The information requested in the attached application form will be used solely for the purposes of assessing your application for the Scholarship for which you are applying. Personal information contained in this application will be made available to members of the Branch Executive Committee for selection purposes.

The WBOP NZDA Branch undertakes to store your application in a secure place in the event that you are successful in gaining this scholarship. The WBOP NZDA Branch undertakes to destroy your application to preserve its confidentiality, in the event that you are unsuccessful in gaining this scholarship.

SIGN HERE

Signature:

Date: