

THE POP BLACK MEMORIAL SCHOLARSHIP FUND

Application Form

November 2020

Name of Applicant: *(please print)* _____

Postal Address: _____

_____ Postcode _____

Telephone Number(s): _____ Mobile _____

Email address: _____ DOB _____

Nursing/Health Programme: NURSING _____ MIDWIFERY _____

OTHER _____

Year of enrolment: _____ NZNO Membership Number (if applicable): _____

How long have you resided/did you reside in the Waimate District? _____

Who can verify this? Referee's name: _____

Referee's address: _____

Referee's Telephone Number: _____

How did you hear about the Pop Black Scholarships? _____

Bank Account Number & Name: _____

For your application to be considered, you must be a current financial member of the NZNO, however certain applications may be exempt – please see criteria on the back of this form. Your application must also include the following:

- | | Checklist |
|--|-----------|
| • Brief résumé of your school/work experience | [] |
| • Letter to the committee of at least 100 words about why you want to become a nurse | [] |
| • Proof of enrolment at a recognised institute | [] |
| • Proof of NZNO membership (if applicable) | [] |

Read the terms on the back of this form and the declaration below. Sign the declaration if you agree to the terms.

Declaration:

I declare that I am a first-year student at a recognised institute of nursing education, and I have lived in the Waimate District for more than 12 months. If fortunate to be awarded a scholarship, I agree to the terms set out on the back of this form, including the submission of the required reports and maintaining my NZNO membership (if applicable) for the duration of my studies.

Signed _____ Date _____

THE POP BLACK MEMORIAL SCHOLARSHIP FUND

Thanks to the generosity of the late Mr Wilfred Eversley Black, Pop Black scholarships are available annually to first year *nursing, midwifery and other health students* to assist with their educational expenses.

The Pop Black Memorial Scholarship Fund Committee of Management meets once a year in April to consider applications.

Each Applicant must meet the following criteria before their Application will be considered:

1. They must be a first-year *nursing, midwifery, or other health student*.
2. They must have resided at any one time, in the Waimate district, for a period of at least 12 months.
3. They must be a financial member of New Zealand Nurses Organisation and remain so until their graduation.
4. NZNO membership may be exempt for some health-related courses.

Each Pop Black Scholarship recipient must agree to the following terms. Failure to do so may mean that the committee will seek to obtain a return of the money awarded.

The terms are:

1. Each scholar will acknowledge receipt of the award in a letter to the Chairperson.
2. Each scholar will submit a brief report at the end of their first year of study, relating a little of what they have learned, and confirming they have passed their first-year examinations.
3. A final, more detailed report is required on graduation.

Applications must be submitted by 31 March each year.

Please send applications to:

Attention: Jarrod Bates
Pop Black Memorial Scholarship Fund Secretary
PO Box 4102
Christchurch 8140
Telephone: 0800 28 38 48
Email: jarrod.bates@nzno.org.nz