

**2017 RAPHS MEDICAL AND NURSING UNDERGRADUATE SCHOLARSHIP**

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| Application Form |
| Full name |  |
| Date of birth |  | Place of Birth |  |
| Home address |  |
|  |
| Home phone |  | Mobile phone |  |
| Mailing address (if different from above) |  |
|  |
| Email address |  |
| Medical / Nursing School |  |
| Degree  |  |
| Year degree commenced |  |
| Have you applied for a RAPHS scholarship previously? | Yes ❑ No ❑ |
| If so, what year? |  |
| Signature |  |
| Date |  |
| Supporting documents required to complete application |
| Two letters of recommendation including contact details for referees ❑ |
| Provide a 2-minute presentation by the applicant showing why they would be a worthy recipient of the scholarship; submit this either by inclusion with application form on a DVD/DVR/USB or by uploading the presentation to youtube.com and suppling a link to the upload ❑ |
| Applicant’s CV (include education, employment and extracurricular activities) ❑ |
| Post or email applications to: | Kylie BeehreExecutive Assistant to the CEOT: 07 349-3563E: kylie.beehre@rgpg.co.nz **By 28 February 2017** |