

**2020 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 |  | | |
| Declaration of other scholarships (if any) |  | | |
| Supporting documents required to complete application | | | |
| Two letters of recommendation including contact details for referees ❑ | | | |
| Applicant’s CV (include education, employment and extracurricular activities) ❑ | | | |
| Post or email applications to: | Oliver Shaw  Communications Officer  T: 07 349-3563  E: [raphscommunications@raphs.org.nz](mailto:raphscommunications@raphs.org.nz)  **By 26th March 2020.** | | |