

**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 ShawCommunications Officer T: 07 349-3563E: raphscommunications@raphs.org.nz **By 26th March 2020.** |