THE CATHOLIC FOUNDATION
OF THE ARCHDIOCESE OF WELLINGTON

Catholic Centre 22
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www.catholicfoundation.org.nz

APPLICATION FORM - 2017 TERTIARY YEAR

TERTIARY STUDY SCHOLARSHIPS

The completed Application Form should be with the College Principal/Rector/Parish Priest no later than Friday 25 August 2017, and received by mail to the Catholic Foundation, P O Box 1937, Wellington, by Friday 01 September 2017.

Full Name: _____

Address: _____

_____

Date of Birth: _____

Country of Birth: _____

My College/School is: _____

Contact Telephone: _____

Email Address: _____

My Parish is: _____

ACADEMIC RECORD

NCEA Results 2016

2017 Subjects

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

Which University or Polytechnic do you hope to attend?

_____

_____

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Which course of study have you chosen and why?

PERSONAL INTERESTS, GOALS, AMBITIONS.
Give details of cultural interests, sports, positions of responsibility etc. both inside and outside of college.

(Continue on another page if necessary)

What present involvement do you have with your Parish? Give a brief outline.

(Continue on another page if necessary)

What do you consider has been the most significant achievement in your life to date?

What are your goals in life?

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APPLICATION FORM 2017
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Why do you believe you should be awarded a Catholic Foundation scholarship?

_____

_____

_____

_____

In what ways do you see yourself contributing to the future of the Catholic Church in New Zealand?

_____

_____

_____

_____

What do you consider to be the most pressing problem facing humanity in the world today? If you could make an impact for the good, what solution/s or action/s might you propose to alleviate the problem/ issue you have identified?

_____

_____

_____

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_____

_____

_____

N.B. A letter of recommendation from both the College Principal **and** your Parish Priest must accompany your application. You may also attach other testimonials.

SIGNATURE: (Student) _____ Date: _____

SIGNATURE: (Parish Priest) _____ Date: _____

SIGNATURE: (Principal) _____ Date: _____