THE OTAGO MASONIC CHARITABLE TRUST INC Bursary Application Form = 2024 Bursary

Port Chalmers Marine Lodge Masonic Bursary Trust

PERSONAL DETAILS	
Surname	Male / Female
First Name (s)	
Residential Address	
Postal Address (If different to residential ad	ldress)
Phone Number	Mobile
E-mail	Date of Birth / /
Current School;	
PROPOSED STUDY	
Name the course of study you wish to u	Indertake
Name the Institution to which you have	e applied
HAVE YOU APPLIED OR BEEN GRAN SCHOLARSHIP ? Yes / No	NTED FUNDING FOR ANOTHER
If so give details	

ALL APPLICANTS WILL BE ASSESSED ON THE FOLLOWING CRITERIA

- Residency in the Wider Port Chalmers area
- Financial Information to determine Financial need.
- Academic Achievement.

APPLICATIONS CLOSE THURSDAY 30 NOVEMBER 2023

Please complete the following pages. Remember to supply relevant supporting documents.

Financial Information to Determine a Need; (This is an important criteria)	
Please advise in general terms how the Bursary would assist you.	
Academic Achievement:	
Attach forms as applicable to show achievement;	

Pease write a one page description on why you wish to undertake study in your selected programme What Community activities have you been involved in the last 5 Years? All information treated with the utmost Confidentiality Port Chalmers Marine Lodge Masonic Bursary Trust email: info.omct@xtra.co.nz or 027 2213526 Web site - omct.co.nz Applications will be received digitally to the email address above. Hard Copy can be delivered or sent to; 4 Kipling St, Waverley Dunedin. 9013

REFEREE INFORMATION	
Surname First Names	
Relationship to Applicant	
CHARACTER REFERENCE	
Fill in your name, remove this reference form and give it to your referee	
for completion. They must please return it directly to	
THE OTAGO MASONIC CHARITABLE TRUST INC., B O BOY 215 DUNEDIN	
P.O. BOX 315, DUNEDIN By 30 th November 2023 Please provide a confidential character reference on this form for the applicant	
named below. This reference will be used by the Bursary Selection Committee in	
determining the applicant's eligibility for the Bursary. Please include a contact	
phone number should the Selection Committee wish to speak with you about the	
applicant. APPLICANT'S NAME	
Reference:	

Referee's NameContact Phone.....

Signed Date.....