



Scholarship application form

Funded by: Wool Research Organisation of New Zealand

1. Personal Details		
Title:	First name(s):	Last name:
<input type="checkbox"/> Male	<input type="checkbox"/> Female	<input type="checkbox"/> Other
		DOB: DD/MM/YYYY

2. Contact Information	
Phone:	Mobile:
Email:	
Address:	
Post Code:	

3. Citizenship Status (please tick as appropriate)	
<input type="checkbox"/> New Zealand Citizen or Resident	<input type="checkbox"/> Holder of New Zealand Student Visa
<input type="checkbox"/> Other (please specify) :	

4. Current Qualifications
Highest School Qualification:
Tertiary Qualifications (please specify) :
Other Qualifications (please specify) :

5. Employment Status	
Are you currently in employment:	
<input type="checkbox"/> YES	Employer:
<input type="checkbox"/> NO	<input type="checkbox"/> SELF EMPLOYED



Administered by the New Zealand Wool Classers Association

Forward application to NZ Wool Classers Association C/o 67 Jacks Drive, West Melton 7618

For more information, applicants can contact Marg Forde, Registrar Phone 027 474 3104

or by email reg@woolclassers.org.nz



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6. Reason for taking this course and why you consider you are deserving of this scholarship (for additional information use separate sheet)

7. On obtaining this qualification what sector of the Industry are you interested in

8. Referees (2 required)

Name:	Position:
Phone Number:	
Name:	Position:
Phone Number:	



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