



INDEPENDENT SCHOOLS  
OF NEW ZEALAND

**HEADS OF INDEPENDENT SCHOOLS  
SCHOLARSHIP TRUST**

**APPLICATION FORM**

Name \_\_\_\_\_

Position \_\_\_\_\_

School \_\_\_\_\_

Contact address \_\_\_\_\_

Tel \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Academic Qualifications \_\_\_\_\_

Brief summary of applicant's service to independent schools in New Zealand \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Persons who could be contacted to write in support of your application:

Name \_\_\_\_\_ Tel \_\_\_\_\_

Name \_\_\_\_\_ Tel \_\_\_\_\_

Grant applied for \$ \_\_\_\_\_

Summary of project for which the grant is to be used (please attach an abstract of 500 words)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Timeframe for completion \_\_\_\_\_

Benefit of project to Independent school movement in New Zealand \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

A brief CV should also be attached