



INDEPENDENT SCHOOLS
OF NEW ZEALAND

**HEADS OF INDEPENDENT SCHOOLS
SCHOLARSHIP TRUST**

APPLICATION FORM

Name _____

Position _____

School _____

Contact address _____

Tel _____ Fax _____

Email _____

Academic Qualifications _____

A 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 \$ _____ (please give a schedule of costs) _____

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

Timeframe for completion _____

Benefit of the research to the Independent School movement in New Zealand _____

Signed _____ Date _____

*A CV should also be attached