

BEN GILBY – TODD MEMORIAL TRUST FUND

APPLICATION

Scholarship applied for: Waikato U.....Team attending National Tournament at

APPLICANT:

Surname: _____ Given name(s): _____

POSTAL ADDRESS (for correspondence regarding this application)

Street Number and Name: _____

Suburb: _____ Town/City: _____

Country: _____

Telephone: _____ Mobile: _____

Email: _____

APPLICANTS GUARDIANS DETAILS:

Surname: _____ Given name(s): _____

Relationship to Applicant: _____

Telephone: _____ Mobile: _____

Email: _____

Surname: _____ Given name(s): _____

Relationship to Applicant: _____

Telephone: _____ Mobile: _____

Email: _____

APPLICATION DETAILS:

PREVIOUS EDUCATION

Please indicate schools which you have attended and the years in which you attended:

School: _____ Year: _____

School: _____ Year: _____

School: _____ Year: _____

School: _____ Year: _____

School: _____ Year: _____

REFERENCES

School Hockey Coach: _____ Phone: _____

Referee: _____ Phone: _____

PERSONAL STATEMENT

Why the applicant believes they should be the beneficiary. Attach a document no more than 500 words. Include in this statement applicants sporting and personal achievements.

TERMS AND CONDITIONS

I understand that: If I am offered funds from the Ben Gilby-Todd Memorial Trust, and accept the offer, I will only be eligible to be formally awarded funds if I am a member of the Waikato Hockey Association (Inc) in the year of tenure and complying with any other specific requirements for which I have applied.

- Waikato U.....Team attending National Tournament at, in 20.....

The trustees of the Waikato Hockey Charitable Trust may terminate the allocation of this Fund at any time and recoup any funds awarded, if it is satisfied that the holder has not followed the required programme or has not followed the conditions governing the Ben Gilby-Todd Memorial Trust Fund.

I have the right to appeal any decision to terminate the award.

**A full list of terms and conditions are available at www.waikatohockey.org.nz*

ADVERTISING AND PROMOTIONAL CONDITIONS

I understand that the Waikato Hockey Charitable Trust or the Waikato Hockey Association may advertise to its community that an award has been made under the Ben Gilby-Todd Memorial Trust Fund. This promotion **will not** include recipient names or personal details, though may include notification that an award was made to a member of a particular Representative Team.

PRIVACY DECLARATION

The information requested in the attached application form will be used solely for the purposes of assessing your application for the Ben Gilby-Todd Memorial Trust Fund.

Personal information contained in this application will be made available to the trustees of the Waikato Hockey Charitable Trust and the Waikato Hockey Association (Inc) (“WHA”) for the purposes of accessing the application.

The trustees of the Waikato Hockey Charitable Trust undertake to store your application in a secure place in the event that you are successful in gaining an award or are selected as a reserve candidate for an award. They undertake to preserve your application and its confidentiality, in the event that you are unsuccessful in gaining an award. Should you have reason to believe that information held about you in either your application or your academic record is incorrect, you have the right of access to, and correction of, that information.

I AGREE TO THE TERMS AND CONDITIONS, AS LISTED ABOVE AND ON THE WAIKATO HOCKEY WEBSITE, OF THE BEN GILBY-TODD MEMORIAL TRUST FUND

Applicant’s Signature: Date:.....

Guardian’s Signature: Date:.....

Applications must be submitted to:

Ben Gilby-Todd Memorial Trust Fund
C/- Waikato Hockey Charitable Trust
PO Box 820, Hamilton 3204

OR emailed to whct@waikatohockey.org.nz

Closing date: To be notified at www.waikatohockey.org.nz. Applications close at 5.00pm on the closing dates.