TFC Paramedicine Scholarship Application Form

The Freemasons Charity Paramedicine Scholarship 2024

Administered by The Freemasons Charity.

Criteria:

- For students studying at Whitireia WelTec on campus or by distance learning, a Bachelor of Health Science (Paramedicine);
- For students entering **year two or year three of their study** of Paramedicine and intending **to work in the field as a Paramedic**;
- The Scholarships will be awarded to a maximum of two students from each of the following areas:
- 1.Marlborough & West Coast
- 2.Canterbury
- 3.South Canterbury
- 4.Otago
- 5.Southland
- Consideration of your application is based on your community involvement, such as volunteering, and academic results (GPA).

Value

Five Scholarships are available annually to the maximum value of \$5,000 each.

- Students studying by **distance learning** may be awarded a maximum scholarship of **\$2,500.**
- Students studying **full time on-campus** may be awarded a maximum scholarship of **\$5,000.**

Each area is limited to \$5,000 available in Scholarships. This amount may be split between applicants of distance learning and on-campus learning.

PRIVACY PROVISIONS

The information requested in this application may be used solely for the purposes of assessing your application. However, if you are successful, your personal information will be used by the Freemasons for promotional purposes.

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 to make corrections to that information.

The application must be submitted by 30 November 2024. No late applications will be accepted.

Applications close: 30th November 2024

Outcomes will be decided and advised before the end of February 2025.

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Eligibility

* indicates a required field

APPLICANTS PLEASE NOTE:

Incomplete applications and/or applications received after the closing date will not be considered.

This section of the application form is designed to help you, and us, understand if you are eligible for this scholarship. It's crucial that you complete these questions before any others to ensure you are not applying for an unsuitable scholarship.

If you have any questions in regards to these eligibility criteria, please contact charityadmin@freemasonsnz.org

Confirmation of Eligibility

Please note: It is the responsibility of the applicants to provide all information requested.

I confirm that the applicant ...

- · has read and understands the scholarship guidelines;
- is enrolled in their 2nd or 3rd year of a a Bachelor of Health Science (Paramedicine);
- is studying at any Whitireia Weltec (in the relevant area) on campus or by distance learning;
- has relevant supporting references and documents.

Please select below: * O Yes O No You must confirm that all statements above are true and correct.

If you have answered "No" to any of the above questions, you are not eligible for this scholarship.

Applicant Details

* indicates a required field

Privacy Notice

We pledge to respect and uphold your rights to privacy protection under the New Zealand Privacy Principles as established under the *Privacy Act 2020*.

Applicant Details

TFC Paramedicine Scholarship Application Form Form Preview

Si	tudent	ID*					
	pplicar tle	n t * First Name	Last I	Name			
	pplicar ddress	nt Primary A	ddress *				
Ac	ddress Li	ine 1, Suburb/T	own, State/P	Province, and	l Postcode a	re required.	
A	pplicar	nt Primary P	hone Num	ber			
M	ust be a	New Zealand p	hone numbe	er.			
A	pplicar	nt Primary E	mail *				
M	ust be a	n email address	S.				
Т	ertiar	y Education	on				
*	indicate	es a required f	ield				
0000	Marlb Cante	Canterbury		with? *			
0	Full ti	studying ful me on-campu nce Learning		campus o	r by distai	nce learning	j? *
0		nd year	ur second	or third y	ear of Par	amedicine s	study in 2025? *
C	omm	unity Invo	lvemen	t and Fu	ture Pla	ns	

* indicates a required field

Bio & Community Involvement

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Please write a bio about yourself and you the community/volunteering etc. *	our studies; outline your involvement in
Please outline your future plan for once	you have completed your studies. *
Academic History	
* indicates a required field	
Please upload a copy of your current ac	adomic transcript:
Attach a file:	adenne transcript.
Please upload a copy of your current CV Attach a file:	': *
Attach a me.	
Other Scholarships	
* indicates a required field	
Have you applied for any scholarships o	or awards for 20252 *
Yes	○ No
Please list 2025 scholarships and/or awa	ards applied for:
Have you received any scholarships or a awarded any for 2025? *	
○ Yes	○ No

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List all scholarships or awards received at university, and offered/ received for the coming year.

Scholarship / Award	Value	Period funding has been provided for
	Must be a dollar amount.	
	\$	
	\$	
	\$	

Declaration

* indicates a required field

I consent to: * ☐ The disclosure of personal information I had University, for the purpose of assessing my ap ☐ The Scholarships Office obtaining any person the purpose of this application. ☐ Publication of my name and details of any	oplication for a scholarship. sonal information about me which is required
Please read and answer	
I confirm that the information I have provided on the application form is true and correct and I have read and understand the regulations for The Freemasons Charity Paramedicine Scholarship and agree to abide by them should I be offered and accept the award.	Date Must be a date.
Please choose: * O Yes O No	

DISCLOSURE OF INFORMATION

The University undertakes to collect, use and store the information you provide in this application according to the principles of the Privacy Act 1993.