



STRATFORD HIGH SCHOOL

Board of Trustees

P O Box 204, Stratford, NZ

Tel: (06) 765 6039

Fax: (06) 765 5356

Craig Scholarship.

Application Form.

Surname: _____ First names: _____

Address: _____

Telephone number: _____

Gender: Male / Female

Date of Birth: _____

Academic Career.

- Please attach copies of:
- High School Testimonial.
 - High School qualifications.
 - University Examination results (if applicable)

Years attended Stratford High School: _____

Qualifications obtained: _____
(Attach copy of qualifications).

Previous tertiary institutions attended: _____
(if applicable)

Location: _____

Years Attended: _____

Qualifications obtained: _____
(if applicable). _____ (Attach copy of qualifications).

Tertiary Study (Agricultural/Horticultural Course).

Name of institution where scholarship will be used: _____

Final qualification intended: _____

Major subjects: _____

Describe your Educational / Study Goals.

Describe Your Overall Career and Life Goals.

Other.

List your activities and interests outside of study in the last 3 years (indicate your period of involvement):

List any positions of responsibility in the past 5 years (indicate period of involvement):

Describe why you believe you should be awarded this scholarship:

Please supply any other information to support your application:

Please list names and phone numbers of two verbal referees and indicate whether it is a personal, academic or business reference:

I declare that the above information is true and correct. I authorise the Stratford High School Board to make inquiries of the named referees and I authorise any person to provide you with such information as you may require in response to your inquiries regarding my scholarship application.

Applicant signature: _____ Date: _____