



GORDON & MARY VINCENT SCHOLARSHIP

APPLICATION FORM

Tenable for study at a New Zealand Medical School

*Established by Gordon and Mary Vincent for CBHS students. Awarded to student/students intending to study towards a medical degree at a Medical School in New Zealand. This scholarship may be continued in subsequent years (upon application each year) provided satisfactory academic performance is maintained.
The value of the scholarship is dependent on the amount of income from the trust and the number of applicants.*

Surname

First Names

Address

Postcode

Email @

Telephone (Home)..... (Mobile).....

Age Date of Birth

Attended CBHS from to

STUDY INFORMATION

Name of Medical school you are enrolled at (Attach confirmation)

Medical Area of Study:

Year of Medical Degree (tick one) Second Third Fourth Other

If you have received this scholarship before, please note which year/s:

Please attach a transcript of your previous year's results.

FINANCIAL CIRCUMSTANCES

Please note briefly any financial difficulties in pursuing your studies.

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PAYMENT OF SCHOLARSHIP

In the event that your application is successful, payment of the scholarship will be made electronically. Please ensure you complete the Payment Details form.

I agree to the release of my contact details and academic results by theMedical School to Christchurch Boys High School for the purposes of finalising my application for a Gordon and Mary Vincent Scholarship.

Signature of Applicant Date: / /

PLEASE ATTACH

- Transcript of your Results**
- Confirmation of Medical School enrolment and course**
- Payment Instructions form and confirmation**

RETURN TO:
Amiee Griffiths
Executive Assistant to the Headmaster
Christchurch Boys' High School
PO Box 8157, Christchurch 8440

Email: scholarships@cbhs.nz

Closing Date for Applications: 28 February



Christchurch Boys' High School Scholarship Payment Instructions

*Payment of CBHS scholarships to successful students will be made electronically.
Please nominate a bank account for this purpose.*

Name:

Account Name:

Account Number:

(Please attached printed confirmation of account)

I confirm the above bank account is correct for payment of a CBHS Scholarship awarded to me:

Scholarship

- | | | |
|--|--|-------------------------|
| <input type="checkbox"/> Sir Arthur Sims | <input type="checkbox"/> Bickerton Widdowson | Gordon and Mary Vincent |
| <input type="checkbox"/> ANV Dobbs | <input type="checkbox"/> AD Tench | |
| <input type="checkbox"/> John Wilson | <input type="checkbox"/> JF Moffat | |

Signature Date:

For Office Use only

Scholarship Awarded:

ANV Dobbs Scholarship	\$	Sir Arthur Sims Scholarship	\$
John Wilson Memorial Scholarship	\$	AD Tench	\$
Bickerton Widdowson Scholarship	\$	JF Moffat	\$
Gordon and Mary Vincent Scholarship	\$		

Date Paid / /

Signed: