

**HEADS OF INDEPENDENT SCHOOLS
SCHOLARSHIP TRUST**

APPLICATION FORM FOR 2012 GRANT

Name _____

Position _____

School _____

Contact address _____

Tel _____ Fax _____

Email _____

Academic Qualifications _____

Brief 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 \$ _____

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

Timeframe for completion _____

Benefit of project to Independent school movement in New Zealand _____

Signed _____ Date _____

A brief CV should also be attached