

Lumino – Bachelor of Oral Health Scholarship Application Form



University
of Otago
ŌTĀKOU WHAKAIHU WAKA

Please submit this application form, alongside any additional required documents, **by 5:00pm on 31 October**. Note that the 'year of award' for this scholarship is the year following this deadline.

Applications must be submitted by email to scholarships@otago.ac.nz.

In addition to this application form, please submit the following:

- CV
- Academic Record (not required for current University of Otago students, we can source this from eVision)

Applicant Details

Student ID Number (*current University of Otago students only*)

Surname

First Names (*please underline your preferred name*)

Date of Birth

Email Address (*your University of Otago student email address is preferred*)

Address

Phone Number

Programme of Study for Year of Award

Applicant Declaration

PRIVACY STATEMENT

- The information provided in your application and your academic record will be used for the purposes of assessing your application for the scholarship for which you have applied.
- The Scholarships Administrator may obtain, for purposes related to your application any personal information about you held by the Academic or Finance Sections of the University (including academic records, enrolment information and scholarship information).
- Applicants shall agree to co-operate with any publicity of the scholarship for which they have applied. Such publicity may include material provided with your application, photographs and interviews with scholarship recipients.

DECLARATION

- I have read and understood the privacy statement above and agree to its conditions.
- I have read the regulations for the scholarship and agree to abide by them.
- I declare that, to the best of my knowledge, all the information supplied in and attached to this form is true and correct.
- I accept that providing false and incomplete information may result in facing penalties including, but not limited to, the loss of any scholarship awarded.

APPLICANT SIGNATURE _____

DATE _____