***Please print clearly or type in boxes***

*The requested information is required by GirlGuiding NZ for the purpose of the GirlGuiding New Zealand Foundation Ruth Herrick Ranger Scholarship for 2020. It will not be used for any other purpose. The information is confidential and will not be made available to any other person or organisation.*

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| **FULL NAME** |  | | |
| **ADDRESS** |  | | |
| **DATE OF BIRTH** |  | **ID NUMBER** |  |
| **PHONE** |  | **RANGER UNIT** |  |
| **EMAIL** |  | **REGIONAL HUB** |  |

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|  | **RANGER** | **DATE PEAK AWARD GAINED** |  |
|  | **RANGER IN LEADERSHIP** |  | |

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| **BANK ACCOUNT NUMBER FOR GRANT PAYMENT** | |
| **NAME OF ACCOUNT HOLDER** | **BANK ACCOUNT NUMBER** |
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| 1. **GIVE REASONS FOR APPLYING FOR SCHOLARSHIP AND DETAILS ON WHAT YOU WOULD USE IT FOR** |
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| ***OFFICE USE ONLY*** | *RECEIVED* | *ACKNOWLEDGED* |
| 1. **EXPLAIN HOW YOU WOULD USE THE KNOWLEDGE AND SKILLS GAINED WITHIN YOUR UNIT AND/OR REGIONAL HUB** | | | |
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| 1. **LIST ANY INTERNATIONAL, NATIONAL OR REGIONAL GUIDING EVENTS YOU HAVE ATTENDED** | | | |
| **NAME OF EVENT** | **DATES** | **TYPE OF EVENT** | **TOWN/COUNTRY** |
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| 1. **LIST THE ROLES YOU HAVE IN GUIDING** *eg, Unit Team Leader* |
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| 1. **GIVE DETAILS OF YOUR SCHOOL EDUCATION** |
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| 1. **GIVE DETAILS ABOUT YOUR HOBBIES AND INTERESTS** |
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| **APPLICANT DECLARATION** | | | |
| I have read the ‘Notes for Applicants’ and wish to apply for a GirlGuiding NZ Foundation Ruth Herrick Ranger Scholarship. I understand that if I am awarded this Scholarship, I agree to continue in Guiding for at least two years. | | | |
| **SIGNATURE OF APPLICANT** |  | **DATE** |  |

***Publicity Permission - please complete the Publicity Permission Slip at the bottom of this page.***

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| **RANGER LEADER ENDORSEMENT** | | | | |
| Please add any information which may be relevant to this application, taking into account that the Ranger will be a representative of GirlGuiding NZ. Any information on how involved she is at Local and/or Regional Hub level would be appreciated, plus anything else you think should be known. | | | | |
| **NAME OF RANGER LEADER** |  | | | |
| **RANGER UNIT NAME** |  | **RANGER UNIT NUMBER** | |  |
| **SIGNATURE OF LEADER** |  | | **DATE** |  |

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| **REGIONAL HUB CO-ORDINATOR ENDORSEMENT** | | | |
| Please add any information which may be relevant to this application, taking into account that the Ranger will be a representative of GirlGuiding NZ. Any information on how involved she is at Local and/or Regional Hub level would be appreciated, plus anything else you think should be known. | | | |
| **NAME OF REGIONAL HUB CO-ORDINATOR** |  | | |
| **REGIONAL HUB CO-ORDINATOR** |  | | |
| **SIGNATURE OF REGIONAL HUB CO-ORDINATOR** |  | **DATE** |  |

Ensure application is received at National Office by **31 July**

Send to:

Ruth Herrick Scholarship

c/- Governance Administrator

GirlGuiding New Zealand

PO Box 13 143

Christchurch 8141

Or email to

[foundationenquiries@girlguidingnz.org.nz](mailto:foundationenquiries@girlguidingnz.org.nz)

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| **PUBLICITY PERMISSION SLIP** | | | | |
| To help us promote the Foundation we appreciate feedback from grant recipients eg thank you letters and photos which may be used in newsletters and/or local papers.  Please consider the statement below, agree or not agree, and sign. Should you choose to decline we will respect your privacy. Your decision will not impact the grant process. | | | | |
| **PERMISSION IS GIVEN FOR THE GIRLGUIDING NZ FOUNDATION TO PUBLICISE  DETAILS OF ANY GRANT MADE TO THE APPLICANT** | | | | AGREE  DO NOT AGREE |
| **SIGNED** |  | | RECIPIENT OR PARENT/GUARDIAN | |
| **NAME OF GRANT RECIPIENT** | |  | | |