



Margaret Wilson Scholarship 2024

APPLICATION FORM

CONTACT DETAILS

NAME IN FULL: _____

ADDRESS: _____

PHONE: _____ (Home) _____ (Work) _____ (Mobile)

E-MAIL ADDRESS: _____

UNIVERSITY, DEGREE COMPLETING AND YEAR OF STUDY (e.g. AUT/ UoA, LLB, 3rd year):

PRIVACY PROVISIONS

The information requested in this application form and your academic record will be used solely for the purposes of assessing your application for the AWLA – Margaret Wilson Scholarship 2024 (“Scholarship”). Personal information contained in this application will be made available to members of the Selection Committee for this Scholarship and the AWLA Committee. This information will not be shared with a third party.

AWLA undertakes to store your application securely until a final decision has been made by the Selection Committee, after which date all unsuccessful applications will be destroyed within two weeks. You agree that AWLA may securely retain a copy of the successful application for our records as long as is reasonably necessary for the purposes outlined above.

Should you have reason to believe that information held about you in either your application or your academic record is incorrect, you have the right of access to, and correction of, that information.

DECLARATION

I have read and understood the regulations for the Scholarship and agree to abide by them. If I am selected as the successful applicant, I also give consent to the Auckland Women Lawyers’ Association to use my name for any publicity purposes in terms of promoting the Scholarship or the activities of the Auckland Women Lawyers’ Association more generally. If I am selected, I also agree to provide a written report to the AWLA Committee within one year of being selected as the successful applicant. This written report will detail my progress towards my proposed course of future study and future occupation (as outlined in my covering letter) and an explanation of how the AWLA Margaret Wilson Scholarship 2024 has assisted me during that year. I also agree to the privacy provisions in respect of the Scholarship application.

Signature: _____

Date: _____