



New Law Student Scholarship 2022

APPLICATION FORM

CONTACT DETAILS

NAME IN FULL: _____

ADDRESS: _____

PHONE: _____ (Home) _____ (Mobile)

E-MAIL ADDRESS: _____

ENROLLED UNIVERSITY FOR LLB DEGREE AND CONJOINT DEGREE (IF APPLICABLE):

SCHOOL CURRENTLY ENROLLED IN (IF APPLICABLE): _____

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 – New Law Student Scholarship 2022 (“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 remain in contact with AWLA throughout each year of my study, so AWLA can supply any support it can that will assist in ensuring I pass my papers and remain eligible for the scholarship. I also understand that once eligibility for the scholarship lapses it cannot be regained (as in, if I lose eligibility in their second year, no further scholarship payments will be made). I also agree to the privacy provisions in respect of the Scholarship application.

Signature: _____

Date: _____