



**BEN GILBY – TODD MEMORIAL TRUST FUND**

**APPLICATION**

Scholarship applied for: Waikato U.....Team

Attending Tournament at .....

National / Regional (please circle)

**APPLICANT:**

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_

POSTAL ADDRESS (for correspondence regarding this application)

Street Number and Name: \_\_\_\_\_

Suburb: \_\_\_\_\_ Town/City: \_\_\_\_\_

Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**APPLICANTS GUARDIANS DETAILS:**

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Relationship to Applicant: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

**APPLICATION DETAILS:**

**PREVIOUS EDUCATION**

Please indicate schools which you have attended and the years in which you attended:

School: \_\_\_\_\_ Year: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

School: \_\_\_\_\_ Year: \_\_\_\_\_

**SCHOLARSHIPS**

Are you receiving any other scholarships? Sporting and/or Education related:

\_\_\_\_\_

**REFERENCES**

School Hockey Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

Referee: \_\_\_\_\_ Phone: \_\_\_\_\_

**PERSONAL STATEMENT**

Why the applicant believes they should be the beneficiary. Attach a document no more than 500 words. Include in this statement applicants sporting and personal achievements, including how they are contributing to Hockey within the Waikato.

**TERMS AND CONDITIONS**

I understand that: If I am offered funds from the Ben Gilby-Todd Memorial Trust, and accept the offer, I will only be eligible to be formally awarded funds if I am a member of the Waikato Hockey Association (Inc) in the year of tenure and complying with any other specific requirements for which I have applied.

The trustees of the Waikato Hockey Charitable Trust may terminate the allocation of this Fund at any time and recoup any funds awarded, if it is satisfied that the holder has not followed the required programme or has not followed the conditions governing the Ben Gilby-Todd Memorial Trust Fund.

I have the right to appeal any decision to terminate the award.

*\*A full list of terms and conditions are available at [www.waikatohockeyfoundation.org.nz](http://www.waikatohockeyfoundation.org.nz)*

**ADVERTISING AND PROMOTIONAL CONDITIONS**

I understand that the Waikato Hockey Charitable Trust or the Waikato Hockey Association may advertise to its community that an award has been made under the Ben Gilby-Todd Memorial Trust Fund. This promotion **will not** include recipient names or personal details, though may include notification that an award was made to a member of a particular Representative Team.

**PRIVACY DECLARATION**

The information requested in the attached application form will be used solely for the purposes of assessing your application for the Ben Gilby-Todd Memorial Trust Fund.

Personal information contained in this application will be made available to the trustees of the Waikato Hockey Charitable Trust and the Waikato Hockey Association (Inc) (“WHA”) for the purposes of accessing the application.

The trustees of the Waikato Hockey Charitable Trust undertake to store your application in a secure place in the event that you are successful in gaining an award or are selected as a reserve candidate for an award. They undertake to preserve your application and its confidentiality, in the event that you are unsuccessful in gaining an award. 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.

*I AGREE TO THE TERMS AND CONDITIONS, AS LISTED ABOVE AND ON THE WAIKATO HOCKEY WEBSITE, OF THE BEN GILBY-TODD MEMORIAL TRUST FUND*

Applicant’s Signature: ..... Date:.....

Guardian’s Signature: ..... Date:.....

**Applications must be submitted to:**  
Ben Gilby-Todd Memorial Trust Fund  
C/- Waikato Hockey Charitable Trust  
PO Box 820, Hamilton 3204

**OR emailed to [whct@waikatohockey.org.nz](mailto:whct@waikatohockey.org.nz)**

**Closing date:** To be notified at [www.waikatohockeyfoundation.org.nz](http://www.waikatohockeyfoundation.org.nz). Applications close at 12.00noon on the closing dates.