

**SUZANNE AUBERT – TERTIARY STUDENT  
SCHOLARSHIP APPLICATION FORM**

Application to be hand written, not type or word processed

Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_

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

Name of tertiary institution: \_\_\_\_\_

Course being studied: \_\_\_\_\_

National Student Number: \_\_\_\_\_

If there is insufficient space to complete an answer please use a separate sheet and precede the answer with the appropriate letter

**A Personal Interests:**

(e.g. Cultural, sports, volunteering agencies, other experiences or achievements)

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**B What has been the achievement to date, that you are most proud of?**

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**C What motivated you to apply for this scholarship?**

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**D** Briefly state what you know of the legacy of Suzanne Aubert.

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**E** What is your response to the Sisters of Compassion website – [www.compassion.org.nz](http://www.compassion.org.nz)

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**F** If given the opportunity how would you contribute to the future well-being of life in New Zealand?

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Signature (Student) \_\_\_\_\_

Date: \_\_\_\_\_

**Please include the following with your application form**

- **References** – please provide two written references
- **Photo** – please provide a recent photo of yourself

**Send completed application form before 31<sup>st</sup> October 2019 to:**

Kevin Crighton  
Sisters of Compassion  
PO Box 1474  
Wellington 6140

**For more details:**

Email: [sisteam@compassion.org.nz](mailto:sisteam@compassion.org.nz)