

Terms and Conditions of

THE BEN GILBY-TODD MEMORIAL SCHOLARSHIP

DETAILS OF SCHOLARSHIP

1. The Scholarship shall be known as the Ben Gilby-Todd Memorial Scholarship.
2. The number of Scholarships to be offered shall vary from year to year.
3. Applicants must be citizens or permanent residents of New Zealand.
4. Each Ben Gilby-Todd Memorial Scholarship will have a maximum value of \$500.00 each year.
5. The Scholarship shall be administered by the trustees of the Ben Gilby-Todd Memorial Trust.
6. The initial selection criteria will be based on academic merit, hockey sporting potential, financial hardship and proof of selection for a Waikato Hockey Representative “A” team.
7. The Selection Panel will comprise of trustees of the Ben Gilby-Todd Memorial Trust.
8. The Selection Panel reserves the right to permanently or temporarily withhold payments of the Scholarship at any time should academic or hockey performance not be satisfactory.
9. Applications will close on (dates that will be notified on the following website)
www.bengilbytoddmemorialtrust.co.nz
10. Along with a completed application form, applicants are to include a C.V. which highlights the student’s eligibility in terms of the following selection criteria:
 - Sporting achievements;
 - Personal achievements;
 - 3 references; and
 - Personal statement of why the applicant believes they should be the beneficiary.
(No more than 500 words).
11. Applicants are to include certified copies of the most recent school results which are available, and proof of New Zealand citizenship or permanent residency.
12. The Scholarship may be recognised at an annual function organised to promote scholarships by the Waikato Hockey Association (Inc).
13. The Selection Panel may refrain from making a recommendation if it finds no candidates of sufficient merit.
14. In exceptional circumstances a Scholarship may be shared.

15. The successful applicant may be required to keep a player's diary which will be posted on either the Waikato Hockey Association (Inc) or Suburbs Piako Hockey Club (Inc) or both websites and regularly updated.
16. Applications must be submitted to:

Ben Gilby-Todd Memorial Scholarship

C/- Truman Wee and Associates LTD

Level 1 T&G Building

149 Alexandra Street

DX GP 20004

Hamilton 3204

Closing date: To be notified on the following website (www.bengilbytoddmemorialtrust.co.nz)

APPLICATION FORM

This application must be submitted to:

Ben Gilby-Todd Memorial Scholarship

C/- Truman Wee and Associates LTD

Level 1 T&G Building

149 Alexandra Street

DX GP 20004

Hamilton 3204

Applications close at 5.00pm on the closing dates.

Enquiries can be directed to Mike Todd and Jan Gilby

Email: gilbytodd@slingshot.co.nz

Application forms can be downloaded from:

www.bengilbytoddmemorialtrust.co.nz

www.waikatohockey.org.nz or

www.suburbspiakohockey.org.nz

YOUR PERSONAL DETAILS

NAME

Surname:

Given name(s):

POSTAL ADDRESS (For correspondence regarding this application)

Street Number and Name:

Suburb: Town/City:

Country:

Telephone:

Email:

Mobile:

APPLICATION DETAILS

PREVIOUS EDUCATION

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

School:

Year:

ATTACHMENTS

Please attach the following to your application form: **(all applicants)**

- **Curriculum Vitae**
- **Sporting and Personal Achievements**
- **3 References**
- **Personal Statement**
- **Proof of New Zealand citizenship or permanent residency**
- **Certified copies of your most recent school results**

TERMS AND CONDITIONS

I understand that:

If I am offered a Scholarship, and accept the offer of the Scholarship, I will only be eligible to be formally awarded the Scholarship if I am a member of the Waikato Hockey Association (Inc) in the year of tenure and complying with any other specific requirements of the

Scholarship for which I have applied.

- .Waikato "A"Team

The trustees of the Ben Gilby-Todd Memorial Trust may terminate a Scholarship at any time and recoup any funds awarded, if it is satisfied that the holder is not following the required programme or is not following the conditions governing the Scholarship. The holder of a Scholarship shall have the right to appeal to the trustees of the Ben Gilby-Todd Memorial Trust against any decision to terminate the award.

PRIVACY DECLARATION

The information requested in the attached application form will be used solely for the purposes of assessing your application for the Scholarship for which you are applying. Personal information contained in this application will be made available to the trustees of the Ben Gilby-Todd Memorial Trust and the Waikato Hockey Association (Inc) ("WHA") for the purposes of promoting and advertising the Ben Gilby-Todd Memorial Trust fund. Information may be published for the purposes of complying with statute, and may be posted on the WHA or Suburbs Piako Hockey Club (Inc) website.

The trustees of the Ben Gilby-Todd Memorial 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.

Signature:

Date:

**I AGREE TO THE TERMS AND CONDITIONS OF THE BEN GILBY-TODD
MEMORIAL SCHOLARSHIP**