

**Waikato Graduate Women Educational Trust**  
**Merit Award for Doctoral Study**  
**Application Form**

**Closing date: 30 April.**

Completed applications must be sent to The WGW Awards Committee, P O Box 148, Hamilton 3240.

Applicant's name \_\_\_\_\_  
Family name Given name(s)

Address \_\_\_\_\_

Student ID number \_\_\_\_\_ Phone no. \_\_\_\_\_

Email address \_\_\_\_\_

Thesis topic \_\_\_\_\_

University Department(s) \_\_\_\_\_

Date of approval by Postgraduate Studies Committee for confirmed enrolment for PhD \_\_\_\_\_

<b>Supervisors</b>	<b>Name</b>	<b>Department</b>
Chief Supervisor	_____	_____
Other supervisors	_____	_____
	_____	_____

I confirm that all details provided as part of this application are true and correct.

I confirm that I am currently enrolled, as a full-time student at the University of Waikato, for a first PhD degree.

I give permission for the University of Waikato's Scholarships Office to supply the Awards Committee with a copy of my academic transcript.

*Please cross out the above statement if it is not applicable.*

I acknowledge that, if awarded a Waikato Graduate Women Educational Trust Merit Award for Doctoral Study, I will be required to provide a brief written report (200 words) on my doctoral research upon completion of my PhD, and that the report may be used by the Trust for publicity.

\_\_\_\_\_  
Applicant's signature Date

***Please check that you have included all information requested in point 5 of the details document for this Award.***

**Referees**

The applicant is responsible for providing each of her two academic referees with a referee form, which the referees will forward separately to The WGW Awards Committee.

Name of referee 1 \_\_\_\_\_

Phone no. (day) \_\_\_\_\_ Phone no. (evening) \_\_\_\_\_

Email address \_\_\_\_\_

Name of referee 2 \_\_\_\_\_

Phone no. (day) \_\_\_\_\_ Phone no. (evening) \_\_\_\_\_

Email address \_\_\_\_\_