

Waikato Graduate Women Educational Trust

Dr Vivienne Cassie Cooper Award

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 _____

Tertiary institution _____

Masters qualification enrolled in _____

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

I acknowledge that, if awarded a Waikato Graduate Women Educational Trust Dr Vivienne Cassie Cooper Award, I must provide an annual progress report to the Waikato Graduate Women Educational Trust and a final report upon completion of the Masters degree. The reports 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.

Referee

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

Name of referee _____

Referee's position/role _____

Phone no. (day) _____ Phone no. (evening) _____

Email address _____