



Cathedral House
Unit 2/9 Washington Way, PO Box 4544
Christchurch 8140, New Zealand

APPLICATION FORM

ST JOHN THE BAPTIST SCHOLARSHIP

PERSONAL DETAILS

Name: _____ Student ID: _____
(if applicable)

Address: _____

Telephone Number: _____ Email: _____

Write about your experience of the Catholic Church.

Name and contact details of a referee who can be contacted:

TEL: 64-3-3669869

FAX: 64-3-3749619

I give permission for the selection panel to contact my parish priest.

YES NO

Priest's Name: _____

Please include a letter of application (approximately 500 words) giving a full explanation why you should be considered for a scholarship.

Signature of applicant: _____ Date: _____

Applications close on 20th January 2016.

Return your completed form and letter of application to:

St John the Baptist Scholarship
Catholic Diocese of Christchurch
PO Box 4544
CHRISTCHURCH 8140

Email mstopforth@chch.catholic.org.nz

