Application for the 2025

Region 35 Sweet Adelines

Education Scholarship

This form is designed to be completed on your computer rather than by hand.

In submitting this application you are agreeing to abide by the conditions of this scholarship as outlined in section 15.2 of the Sweet Adelines New Zealand Policy Book.

Email the completed form to: education@sweetadelines.co.nz by Monday 30 September 2024.

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| --- |
| Personal Details |
| Name |  |
| Address |  |
| Chorus |  |
| Email |  |
| Phone Home |  |
| Phone Mobile  |  |
|  |
| Positions held in your chorus – insert more lines if you need to |
| Year | Position  |
|  |  |
|  |  |
|  |
| Quartet involvement – please list your involvement, if any, in quartets |
|  |
|  |
| Education Events attended in New Zealand – insert more lines if you need to |
| Year | Event |
|  |  |
|  |  |
|  |  |
|  |
| Education Events attended overseas – insert more lines if you need to |
| Year | Event |
|  |  |

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|  |
| International Conventions attended |
| Year | Event |
|  |  |
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| --- |
| Educational Event(s) you wish to attend |
| Event Title |  |
| Dates |  |
| Venue |  |
|  |
| Event Title |  |
| Dates |  |
| Venue |  |
|  |
| Reasons you wish to apply for this scholarship |
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|  |
| **Teaching / presentation skills (give examples of teaching experience to date)** |
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| **Suggest ways in which you might disseminate knowledge gained from the experience to the Region** |
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|  |
| **Optional additional comments (do not add further sheets to this application):**  |
|  |
|  |
| Name of person within Sweet Adelines we can contact if required |
| Name of Person |  |
| Current role in Sweet Adelines |  |
| Contact Details for person |  |

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