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DEIRDRE SNEDDEN TRUST

APPLICATION FOR FINANCIAL ASSISTANCE TOWARDS PROFESSIONAL DEVELOPMENT

FULL NAME.....

RESIDENTIAL ADDRESS.....

.....

POSTAL ADDRESS (if different from residential).....

.....

TELEPHONE.....

MOBILE..... E-MAIL.....

COURSE INFORMATION:

COUNTRY AND LOCATION.....

.....

COMMENCEMENT AND CONCLUSION DATES:.....

.....

BRIEF OUTLINE OF COURSE CONTENT.....
.....
.....
.....

**FINANCIAL ASSISTANCE REQUIRED FOR: (please provide printed quotes)
e.g. Travel itinerary, Course Provider, Motel**

AIR TRAVEL \$.....

COURSE FEES \$.....

ACCOMMODATION \$.....

If the Trust is unable to provide financial assistance for all three of the above due to a high demand of applications in any given year, then please list in priority using 1, 2 and 3 beside the below mentioned. For example, air travel (1).

air travel course fees accommodation

Have you applied for other financial assistance: YES / NO

If so, please state source and amount.

_____ Source

\$_____ Amount

Please allow one (1) calendar month for a response from the SCA Council.

To assist the Trustees please outline on a separate sheet why you should be considered as a recipient of this scholarship.

Please provide two testimonials to support your application.

I certify that the details contained in this application are true and correct.
I agree to accept the conditions as outlined in the Criteria for Scholarship Application.

Signed Date

Accountability

The Scholar must provide:-

- Acknowledgement of acceptance into the course
- Acknowledgement of Travel Insurance
- Bank Details – Name of Account & Account Number
- At the conclusion of course must provide copies of Invoices and Receipts for all expenses covered by the Scholarship
- Any unused funds must be returned to the Deirdre Snedden Trust