

**Waikato Graduate Women Educational Trust  
Ngā Raukura Wāhine Mātauranga o Waikato**

**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 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 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 \_\_\_\_\_