

**NEW ZEALAND  
MANIPULATIVE PHYSIOTHERAPISTS'  
ASSOCIATION INC**

*NZMPA SCHOLARSHIP FUND*

**APPLICATION FOR FUNDING**

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**SECTION 1 PERSONAL DETAILS**    *-print clearly-*

**Name(s) and Qualifications of Applicant(s):**

*Name*

*Qualifications*

**Contact Address(s) / Primary Contact Address**

**Telephone number(s):**

**Home:** \_\_\_\_\_

**Business:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-mail:** \_\_\_\_\_

**Applicant's contribution to the NZMPA (years of membership; involvement in NZMPA activities etc.**

**Provision of resume and additional information relevant to the project is to be attached**

**(Office use only) Applicants' No. :** \_\_\_\_\_

**SECTION 2: PURPOSE OF FUNDING**

**SUMMARY: Purpose for which funding is sought:**

**Likely date when funding would be required to be available \_\_\_\_\_**

***IF NON-RESEARCH:***

**Brief description of programme.**

**Summary calendar (if travel involved).**

**Necessity for funding (justify request).**

**Method(s) of reporting and evaluation proposed.**

**Method(s) proposed to disseminate knowledge or skills gained.**

**Any other matter applicant(s) wishes to use to support their case.**

***IF RESEARCH:***

**A detailed description of research proposal is required which includes:**

- Aims of research**
- Significance of research**
- Design methodology**
- Equipment**
- Reporting methods**
- Ethical Approval**

**Has the project been scientifically assessed by an independent reviewer, or is there an intention to do so?**

**Append additional sheets if required**

**SECTION 3: BUDGET (\$) AND RESOURCES**

**Specify the itemised budget for the proposed project**

Accommodation	\$	_____
Travel	\$	_____
Tuition/Conference Fees	\$	_____
Payment of Fees to Scholars/Tutors taking Courses	\$	_____
Equipment	\$	_____
Clerical/Administrative	\$	_____
Specify Other	\$	_____
<b>Total Overall</b>	<b>NZ \$</b>	_____

**Indication of Other Finance**

**Other funding provided**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application for other funding**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Further comments on Finance/Justification of funding e.g. leave without pay**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOMINATED REFEREES:** *List of names and contact information (telephone/fax, email and postal) for two professional referees capable of providing the committee with confidential comment on this proposal.*

1)            **Name:** \_\_\_\_\_  
                 **Address:** \_\_\_\_\_  
                 \_\_\_\_\_  
                 \_\_\_\_\_  
                 \_\_\_\_\_  
  
                 **Phone/Fax:** \_\_\_\_\_  
                 **Email:** \_\_\_\_\_

2)            **Name:** \_\_\_\_\_  
                 **Address:** \_\_\_\_\_  
                 \_\_\_\_\_  
                 \_\_\_\_\_  
                 \_\_\_\_\_  
  
                 **Phone/Fax:** \_\_\_\_\_  
                 **Email:** \_\_\_\_\_

**DECLARATION**

*I hereby declare that all the information contained in the application is to the best of my/our knowledge accurate and correct. The applicant(s) has/have read the Guidelines for Applicants published by the NZMPA and clearly understand the implications and their responsibilities.*

**Signature(s)** \_\_\_\_\_ **Date** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ACKNOWLEDGMENT FORM**

NZMPA

***Scholarship Fund***

APPLICATION FROM

.....  
.....  
.....  
.....  
.....

(Insert full name(s) and contact address)

RECEIVED        /    /

AF.REF. No        .....

Closing Date     /    /

.....  
Signed  
NEW ZEALAND MANIPULATIVE PHYSIOTHERAPISTS' ASSOC.

NZMPA copy

**ACKNOWLEDGMENT FORM**

NZMPA

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.....  
Signed  
NEW ZEALAND MANIPULATIVE PHYSIOTHERAPISTS' ASSOC.

Applicant Copy