

# NEW ZEALAND COLLEGE OF OPTOMETRISTS INC SCHOLARSHIP

This Scholarship was established to promote the objectives of the College.

## REGULATIONS

- 1 This Scholarship shall have a maximum value of \$2000
- 2 There shall be up to three Scholarships awarded each year
- 3 Each Scholarship shall be tenable for one year.  
A scholar shall be eligible to reapply for one of the Scholarships in the year immediately following the award, but not thereafter.
- 4 The Scholarship shall be open to optometrists who are fully paid up Members or Fellows of the College.
- 5 Scholarships shall be awarded by the Council for programmes of training, education or research that in the opinion of the Council best furthers the objectives of the College, which are:
  - (i) to advance the knowledge of optometry
  - (ii) to promote and improve the practice of optometry
  - (iii) to promote the highest standards of professional competence
  - (iv) to provide opportunities for educational advancement
  - (v) to promote a collegial relationship with other professional bodies.
- 6 Scholars will be required to present a written report, including details of expenditure, to the Council within three months of the completion of the project. Scholars are expected to make a presentation on their project to the Annual Conference or AGM following the granting of the award.
- 7 The Council shall not be bound to award any Scholarship in a particular year if no application is deemed worthy of the award.
- 8 Applications must be submitted on a form obtained from the Secretary of College.
- 9 The closing date for the receipt of applications shall be 31 May in the year preceding the awarding of the Scholarship.
- 10 Successful applicants will be announced at the AGM of the College.

**NEW ZEALAND COLLEGE OF OPTOMETRISTS INC**  
**SCHOLARSHIP APPLICATION FORM**

**YOUR NAME:**

**MAILING ADDRESS:**

**FAX:**

**Please supply in writing:**

**TITLE OF PROJECT**

**GENERAL DESCRIPTION OF PROJECT**

**DETAILS OF PROJECT (dates, itinerary, study centre, etc)**

**BUDGET (details of total cost of your project and the amount requested with this application).**

**I have read and agree to abide by the REGULATIONS concerning the awarding of the NZCO Scholarship as set out in the enclosed notice.**

**Signature:**

**Date:**

Please mail to the Secretary, NZCO, PO Box 87046, Meadowbank, Auckland.