

Contact details:

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Registered Charity Number CC37638

Leprosy
MISSION NZ

100 years of families helping families

**2012 Youth Advocate Scholarship
Application Form**

Closing Date 30th September 2012
(We are impressed with early applications)
Nepal - February 2013

Personal details

Last Name: **First Name:**

Address: **Preferred Name:**

Postal Address:
(if different)

Tel (day): **Email:**

D.O.B: **NZ Citizenship / Residency:**

Passport No: **Date of Issue:** **Country of Issue:**

(Please attach copy of relevant passport pages with application)

Your Education

Tertiary Institution: **School (current and/or past):**

Course of Study and progress to date: **NCEA Subjects:**
(or equivalent)

Envisioned Career: **Extra-Curricular:**

Your Community Involvement

Community Networks (include any churches, organisations or groups you belong to or have connection with)

Your Community Involvement

Voluntary Experience (include type of volunteering activity, organisation and date)

Your Travel Experience

(include countries, dates and who you travelled with – family, independently, group travel, mission trips etc)

Your interest in Leprosy/Developing Countries

(Provide an insight into your motivation for understanding the stigma and discrimination experienced by families affected by leprosy in developing countries):

What You Aim to Achieve with the Youth Advocate Scholarship

What is Your Commitment to LMNZ if You are a Youth Advocate Scholarship Recipient

What Else Do We Need To Know About You

Languages (written and oral)

Musical Talents (singing/instruments)

Other

Referees

(Provide two referees)

Name: Relationship to you:
Phone: Mobile: Email:

Name: Relationship to you:
Phone: Mobile: Email:

Medical Information

What do we need to know about your health to maximise this mission opportunity for you:

Agreement

I have read the eligibility criteria

- I am under 24 as at 31/12/2012
- I am not in full time employment
- I am available to travel in February 2013
- I am eligible for a Nepal Visa and re-entry to New Zealand
- I will / have entered the 2012 Auckland Marathon in the Running4Rights Team or Event
- I consent to the use of my name, image and/or the contents of any comments I may make, in any media format, being used by the Leprosy Mission. I understand that my image/comments may be used multiple times without my being consulted other than by the signing of this form.
- If successful, I undertake to raise awareness and funding on behalf of people affected by leprosy through community activities with educational, church, community, business and other groups during the 12 months following my return from Nepal. My role as a LMNZ Youth Advocate will be my primary missionary focus for this period.
- If successful, I undertake to provide a report on my experiences that can be utilised in a blog, electronic and printed media.
- I have truthfully and accurately provided all the information required in this application

Signed:

Date:

Checklist

- Application Form
- CV
- Photo
- Passport Photocopy

Send application to Gillian Whitley, Leprosy Mission NZ
PO Box 10227, Dominion Road
Auckland 1446