Horowhenua Youth Excellence Scholarship Awards Criteria Checklist

* indicates a required field

Make sure that your nominee meets the required criteria before proceeding with your application. * □ The nomination must show a clear link to a either a Community Service, Excellence in							
Sport, Excellence in Academia or Excellence in Art and Culture area.							
 □ The nominee must live in the Horowhenua District. □ The nominee must be between the ages of 12 and 24 years. 							
The nomination must be supported by someone who is familiar with the young person's success, ie involved in their sporting club etc. This person will be utilised as a reference to verify the young person's achievements.							
At least 4 choices must be selected.							
Nominee's Full Name / Contact Details							
*							
Title First Name Last Name							
Address: * Address							
Address Line 1, Suburb/Town, and Postcode are required.							
Date of Birth *							
Must be a date.							
Primary Phone Number *							
Email *							
Must be an email address.							
Nominated By:							
* indicates a required field							
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* indicates a required field

Nominator Details

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Full Name / Cont Title First Na		* st Name			
Title First Na	ille Las	ot ivallie			
Address * Address					
Address Line 1 is rea	quired.				
Phone Number *	k				
Email *					
Must be an email ac	ldress.				
Nominator Relat	tionship to N	lominee *			
Nomination [Details				
* indicates a requ	ired field				
Scholarship area Community Se Sport Academia Art and Cultur No more than 1 cho	ervice e		1 option) *		
Has this nomine	e received a	Youth Scho	larship previou	sly? *	
☐ Yes ☐ No No more than 1 cho	ice may be sel	ected.			
If 'Yes', what ye	ar was this	received in?			
Please list the	nominee'	s key achie	evements in th	heir area of exce	ellence.
Category		Award	1	Date/Year	

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Nominee Future Plannin	g			
What are the nominee's pla	ns for future	involvement in	n their area	of excellence?
If this nominee receives a H the award money be used fo		Youth Excellend	ce Scholarsi	nip what would
Supporting Documents				
Please upload up to five copnomination: * Attach a file:	ies of suppo	orting documen	ts before su	ıbmitting this
Attach a file:				
Attach a me.				
Attach a file:				
Attach a file:				
Actual a me.				
Attach a file:				

Declaration

* indicates a required field

Privacy

The information supplied in this application form will be held and used by staff of the Horowhenua District Council for the purpose of its collection. The information will not be disclosed by Horowhenua District Council unless legally required under the Local Government Information and Meetings Act 1987. The information supplied will be used for:

· Assessing and processing this nomination,

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- Updating existing Horowhenua District Council records,
- Providing information on the nominee for inclusion in the Council Funding & Recognition Committee Awards decision making meeting.

You have the right to request access to, and correction of, information collected and held by Horowhenua District Council.

Signing

By entering your name in the space below you are electronically signing this form to confirm the accuracy of the information provided and agree to the privacy conditions above.

Name: *	
Date: *	
Must be a date.	