

2026 RAPHs MEDICAL AND NURSING UNDERGRADUATE SCHOLARSHIP

Application Form			
Full name			
Date of birth		Place of Birth	
Home address			
Home phone		Mobile phone	
Mailing address (if different from above)			
Email address			
Medical / Nursing School			
Degree			
Year degree commenced			
Have you applied for a RAPHs scholarship previously?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If so, what year?			
Signature			
Date			
Declaration of other scholarships (if any)			
Supporting documents required to complete application			
Two letters of recommendation including contact details for referees			<input type="checkbox"/>
Applicant's CV (include education, employment and extracurricular activities)			<input type="checkbox"/>
Post or email applications to:	Provider Services Team Provider.Services@raphs.org.nz By 12 March 2026.		