



PHARMACEUTICAL SOCIETY  
*of New Zealand Incorporated*

## **NOTICE TO ALL YEAR TWO PHARMACY STUDENTS**

The "Jack Noel Henderson Scholarship", was established to assist students, experiencing financial hardship, during the second year of their full time pharmacy course.

Two scholarships of \$3,000 are available to be applied for but are not necessarily granted in any given year. There should also be no expectation that the scholarships are to be awarded to both Schools of Pharmacy.

If the scholarships are awarded, they will be paid to the recipient/s during either the second or third semester, and it is expected that the money is used to pay actual costs, e.g. enrolment fees, text books etc.

We are receiving applications for this scholarship until Monday 24 August 2020.

All applications must be received by the Pharmaceutical Society of New Zealand no later than **4.00pm Monday 24 August 2020**.

**They must be in hard copy and addressed to the EA to the Chief Executive Officer, Pharmaceutical Society of New Zealand, PO Box 11640, Manners Street, Wellington 6142.**

**Background information on the scholarship follows along with a copy of the application form.**

**Further copies can be downloaded from the PSNZ website – [www.psnz.org.nz](http://www.psnz.org.nz)**

Any enquiries please don't hesitate to contact the Pharmaceutical Society of New Zealand  
**Ph: 04 802 0030 Email: [s.long@psnz.org.nz](mailto:s.long@psnz.org.nz)**



## JACK NOEL HENDERSON SCHOLARSHIP 2020

In accordance with the wishes of the late Jack Noel Henderson MPS, a scholarship has been established to assist pharmacy students. This scholarship is administered by the Pharmaceutical Society of New Zealand Inc. (PSNZ Inc.).

Mr Henderson qualified in 1944 (Registration No. 1918) after serving his four year apprenticeship with Crawshaw Pharmacy in Symonds Street, Auckland. He purchased his Avondale pharmacy in the late 1940s and remained there until his retirement in 1980. His contribution to pharmacy in New Zealand is set to continue through his kind bequest. The funds are to be invested and held in perpetuity with the scholarship scheme funded from the investment income. The scholarship, known as the "Jack Noel Henderson Scholarship", has been established to assist students, **experiencing financial hardship**, during their second year of the full time pharmacy course recognised by the Pharmacy Council of New Zealand for registration as a pharmacist.

Two scholarships of \$3,000 each will be available, but not necessarily awarded, each year.

If the scholarships are awarded they will be paid to the recipient/s during either the second or third semester (approx. August / September). The scholarship money will be used to pay actual costs, e.g. enrolment fees, text books etc.

A Selection Panel comprising three people from the pharmacy profession, as chosen by PSNZ Inc., will assess all applications.

In awarding the scholarship, cognisance is taken of the applicants' interest and commitment to pharmacy as evidenced by their involvement in pharmacy activities and understanding of the role of PSNZ Inc. and the future of pharmacy. Scholarships will be awarded on the recommendation of the Selection Panel who will seek the advice of staff from both Schools of Pharmacy if necessary. All applicants will be advised of the outcome in writing accordingly.

Recipients are required to write to the Henderson family at the completion of their second year, outlining how they have benefited from the scholarship. This correspondence should be addressed to the Society Chief Executive Officer, see below.

### SELECTION CRITERIA

**The applicant must be able to demonstrate financial hardship.** Under 2 "application statement" the applicant should detail the financial hardship for the Selection Panel to evaluate and we invite them to state in a paragraph of no more than 200 words why they feel they should receive the scholarship on the basis of financial hardship. You are welcome to also provide 2 referees, who are not family or partners who can confirm your circumstances financial and otherwise. Details of student loan, employment and family circumstances can be used to help substantiate this.

### Applicants must -

- be in their second year of full-time study at the Otago School of Pharmacy or the Auckland School of Pharmacy.
- be a New Zealand citizen (proof is required in the form of a copy of your passport or birth certificate or citizenship certificate).

### APPLICATION PROCESS

Applications should be made using the appropriate application form and submitted to the:

EA to the Chief Executive Officer, Pharmaceutical Society of New Zealand Inc.,

PO Box 11640, Manners Street, Wellington 6142, **to be received no later than 4pm Monday 24 August 2020.**

Any queries should be addressed to: EA to CEO, PSNZ Inc., PO Box 11640, Manners Street, Wellington, 6142

Phone: 04 802 0030

Email: [s.long@psnz.org.nz](mailto:s.long@psnz.org.nz)

# APPLICATION

**FOR THE PHARMACEUTICAL SOCIETY OF NEW ZEALAND INC  
JACK NOEL HENDERSON SCHOLARSHIP 2020**

To apply please complete this application form as per instructions.

**① Personal Details**

Please print or write details clearly

**Name:**

.....  
First name Surname  
.....

.....  
Preferred name (If applicable)  
.....

MALE:  FEMALE:  (tick one) \*      Mr Mrs Miss Ms (circle one)

**Ethnicity:**

.....

**Age:**

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**Personal Background:**

(Should include family, marital status etc.)

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\* This information is collected for statistical purposes only and is not used in assessing scholarship applications.

**Mailing Address:**

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**Home Address:**

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**Phone Number:**

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**Mobile:**

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**Email:**

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## ② Application Statement

Prepare a **typed application** statement containing the following information and attach it at the rear of this application form: (No more than 2 pages e.g. 1200 words).

NB: *The quality of your application (including spelling and grammar) will be assessed by the panel.*

### 1. Pharmacy Involvement and Understanding:

**Include in your response full details of:**

- Your reasons for choosing pharmacy as a career.
- Your involvement in pharmacy.
- Your work experience.
- Your prior and current association with pharmacy.
- What do you perceive to be the future direction of pharmacy?
- What do you perceive to be the role of the Pharmaceutical Society of New Zealand Inc.?
- What are your aspirations and career objectives?
- How do you see yourself contributing to and advancing pharmacy practice?

### 2. Financial Circumstances:

Please detail your financial concerns clearly:

NB: *Ensure that you differentiate between student loans and allowances - allowances do not require repayments to be made.*

**Include in your response full details of:**

- A statement of your family responsibilities e.g. care giving responsibility
- Evidence that you are undertaking some paid employment to support yourself.
- The amount of your student loan to date.
- The amount of student allowances (if applicable) you have received to date.

### 3. Academic Record:

- Tertiary Institutions: name & location; year; grades; achievements/prizes
- Other qualifications, skills
- Other awards, achievements, distinctions

### 4. External Interests:

- e.g. cultural, sport, community, political, social

Please also **attach** the following at the rear of your application statement:

- **Two written references** (from someone other than a relative) confirming the financial hardship you have expressed and verifying that support is essential to enable you to complete your qualification. The referee should clearly state how long they have known you and in what capacity. Also complete their contact details in section③.
- An **academic transcript** giving grades in year 1 and the basis of your entry into the degree programme.
- **Proof of New Zealand citizenship** (i.e. copy of passport or birth certificate or citizenship certificate)

NB This application **must be completed in hard copy and posted** to the Society – details at bottom of next page.

### ③ Referee Details

Please **print** details clearly

Provide the name, address, telephone and email contact details for the two referees so that they may be contacted by PSNZ Inc. if required. These referees must be independent of your family connections and ideally should know you well from various aspects of your work or community involvement.

#### 1<sup>st</sup> Referee

Name: .....

Address: .....

Phone Number: .....

Daytime Phone: .....

Mobile: .....

Email: .....

#### 2<sup>nd</sup> Referee

Name: .....

Address: .....

Phone Number: .....

Daytime Phone: .....

Mobile: .....

Email: .....

#### **Check that you have correctly completed this application:**

- ◆ Complete Personal Details (page 1)
- ◆ Complete typed Application Statement (page 2) attaching all supporting documents at the rear i.e.:
  - ◇ Two written references
  - ◇ Academic transcript of grades in year 1
  - ◇ Proof of New Zealand citizenship (i.e. copy of passport or birth certificate or citizenship certificate)
- ◆ Complete Referee Details (not relatives referees must be contacts from community e.g. employers / coaches / teachers etc. (page 3)
- ◆ Complete Declaration (page 4)

*Note: Please ensure that your Personal Details are at the **front** of your application for easy reference*

Send to: Pharmaceutical Society of NZ Inc.  
PO Box 11640, Manners Street, Wellington 6142  
Attention: EA to the CEO

**JACK NOEL HENDERSON SCHOLARSHIP CONDITIONS:**

- 1. The information requested in the application form will be used for assessment purposes only. All personal information collected during the application process may be made available to members of the Selection Panel for this scholarship.
- 2. The Pharmaceutical Society of New Zealand Inc. (PSNZ Inc.) undertakes to store all applications in a secure place and to disclose the information requested in the application form only to those persons involved in the selection of candidates.
- 3. PSNZ Inc. will normally hold documents about successful applicants for the period of the award. Documents for unsuccessful applicants will normally be kept for six weeks after the scholarship has been made and then destroyed. Unsuccessful candidates may request that their materials, other than information supplied by a third party (see 5 below), be returned to them, rather than be destroyed. The request must be made within one month of the announcement of the scholarship.
- 4. The information in this application is collected for the purposes of processing and assessing applications for the Jack Noel Henderson Scholarship. The information will be held by the Pharmaceutical Society of New Zealand Inc. Under the Privacy Act 1993 you have the right to access and correct any information about you that is held by the Society.
- 5. Information about an applicant from other parties, e.g. personal reference, which is supplied by a referee or other person on a confidential basis, will not be made available to the applicant.
- 6. The Society may wish to advertise the name and photograph of the successful recipients but will always seek their prior permission to do this.
- 7. **Applicants must have read the Terms and Conditions for the scholarship for which they are applying before signing this declaration. The signed declaration is the applicant's acknowledgement that they understand and agree to be bound by the conditions under which this scholarship is made.**

**DECLARATION**

I, (Name) \_\_\_\_\_ (Student ID) \_\_\_\_\_,

agree to the above conditions with respect to my application for a scholarship administered through the Pharmaceutical Society of New Zealand Incorporated (PSNZ Inc.), Wellington.

I authorise PSNZ Inc. to verify any details provided in my application. Furthermore I authorise the University to disclose to PSNZ Inc. such details about my academic progress, employment within the university and any further details required to confirm that, during the period in which I receive any scholarship, I continue to satisfy the terms and conditions for the scholarship.

I declare that all information enclosed, attached and contained in my application is true and correct and that no relevant information has been withheld.

**Signed:** ..... **Date:** .....