

HEALING TOUCH NEW ZEALAND

Scholarship Application Form

This scholarship application form is for Unit 5: Self-Evaluation and Professional Development.

Note: This is a partial fees scholarship. The remaining difference is paid for by the student. Only once full payment has been received is the student's place on the course confirmed.

APPLICATION INSTRUCTIONS

- Please write a cover letter to address the Scholarship criteria below that is relevant to Unit 5 •
Submit your cover letter to the Chair of the HTNZ Inc Committee via email:
wendyrisdonnz@gmail.com by the due date along with a copy of your current curriculum vitae •
You are eligible to re-apply for scholarships, regardless of whether you have been awarded a scholarship previously or not.

SCHOLARSHIP CRITERIA

You must be a current financial member of HTNZ Inc at the time of your scholarship application being submitted for your application to be considered.

MEMBERSHIP TO HTNZ INC AND HBB, PREVIOUS SCHOLARSHIPS

- 1. Have you maintained your annual HTNZ Inc membership throughout your courses of study e.g. over subsequent years whilst undertaking the Healing Touch Units?** ☐ Yes ☐ No
- 2. Are you a current member of Healing Beyond Borders?** ☐ Yes ☐ No
- 3. Have you received a Healing Touch NZ scholarship before?** ☐ Yes ☐ No

COMMITTMENT TO HEALING TOUCH, COURSE OF STUDY & PRACTICE

- 4. Are you committed to successfully completing the units of study within the Healing Touch programme and do you have an intention/vision for your future with regards to Healing Touch? Clinic? Setting up a practice? Etc**

Please provide your response in your cover letter.

- 5. Have you assisted with Healing Touch courses or Healing Touch events?** ☐ Yes ☐ No If yes, what courses and what events?
- 6. Have you hosted, assisted, and/or attended Healing Touch practices?** ☐ Yes ☐ No If yes, please provide details.
- 7. Do you intend to qualify as a Healing Touch NZ Practitioner at the earliest opportunity?** ☐ Yes ☐ No If yes, when?

8. Do you intend to apply to Healing Beyond Borders for US Certification at the earliest opportunity? ☐ Yes ☐ No If yes, when?

COMMUNITY ENGAGEMENT AND CONTRIBUTION

9. Have you actively and regularly engaged with the Healing Touch community? ☐ Yes ☐ No If Yes, how?

10. Have you volunteered in a role/s to assist the development of Healing Touch NZ as an organisation? e.g. Secretary, Course Coordinator, Conference Coordinator etc. ☐ Yes ☐ No If yes, what role/s and duration?

11. Have you initiated or contributed to Healing Touch promotional initiatives within your community? ☐ Yes ☐ No If yes, what initiatives? What were the outcomes?

12. Have you fostered relationships and networks within the community to provide opportunities for awareness/access/acceptance of Healing Touch? ☐ Yes ☐ No If yes, please explain, including outcomes.

SUBMISSION REQUIREMENTS

- Cover letter addressing the above criteria
- Current curriculum vitae
- Submit to: wendyrisdonnz@gmail.com
- Submit by: 26th September 2025

Applications are considered by a committee/advisory group, and all applicants will be informed of the outcome of this process.