

PRIVACY PROVISIONS

Financial Information		
Please indicate your intended means of financial support. Mark all boxes that apply	<input type="checkbox"/> Student Allowance	<input type="checkbox"/> Student Loan
	<input type="checkbox"/> Parental support	<input type="checkbox"/> Part-time employment
	<input type="checkbox"/> Other (Please give details)	

References	
Please submit two confidential letters of reference with your application. Ask the referees to return their references to the Scholarships Office via post or email.	
Please provide the name, title, address, phone number and email address for your two referees:	
Referee 1:	Referee 2:

Declaration: I declare that the information contained in and provided in connection with this application is true and correct. I acknowledge that giving false or misleading information is a serious offence.	
Signature:	Date:

Please submit your application to the Lincoln University Scholarships Office no later than 31 March.

Candidates shall submit applications directly to the following addresses:

Scholarships Office
Lincoln University
PO Box 85084
Lincoln 7647
Canterbury

Phone: (03) 423 0000
Email: scholarships@lincoln.ac.nz

Web: www.lincoln.ac.nz/scholarships

REFEREES REPORT

Applicant's Name:

Students ID Number: