## **WAIMATE AGRICULTURAL TRUST**

## **Application Form**

Please read the Information Sheet to ensure you are eligible before completing this application form

Personal Details							
Surname:				First Names	:		
Postal Address:			Qualifying Address (In Geographical Area):				
I confirm I have lived with	hin the geog T	ıraphical a	rea for a con	tinual perioa	of at leas	t two years in my lifetime	
Contact Phone No:				Cellphone N	lo:		
Email Address:							
2024 Course Detail	s						
Intended Course of Study							
Education Provider:							
Total <b>Tuition</b> Fee Cost fo	r 2023:						
2024 Financial Info	rmation						
Student Loan Applied for	<u> </u>	Yes	5		No		
		[					
Checklist							
Curriculum Vitae C.V.		Please tick	when attach	ned			
3 Written References			Please tick	when attach	ned		
Other Academic Achievements		Please tick when attac			ned (if appl	icable)	
Other Relevant Supporting Information		Please tick when at		when attach	ned (if appl	icable)	
I declare that the information	ation suppli	ed in this a	application is	accurate			
Signed:							
Date:							

Please submit your completed application form and supporting material by 31st October 2023 to:

Physical Address:	Waimate Agricultural Trust C/- Waimate Accountants Limited 52 Queen Street Waimate, 7924
Postal Address:	Waimate Agricultural Trust C/- Waimate Accountants Limited PO Box 64 WAIMATE, 7960
Email: Phone:	admin@waimateaccountants.co.nz 03 689 8551