

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>I confirm I have lived within the geographical area for a continual period of at least two years in my lifetime</i> <input type="checkbox"/>			
Contact Phone No:			
Email Address:			

2025 Course Details	
Intended Course of Study:	
Education Provider:	
Total Tuition Fee Cost for 2025:	

2025 Financial Information	
Student Loan Applied for	<input type="checkbox"/> Yes <input type="checkbox"/> No

Checklist
Curriculum Vitae (C.V.)
Written References
Other Academic Achievements
Other Relevant Supporting Information

☐

Please tick when attached

☐

Please tick when attached

☐

Please tick when attached (if applicable)

☐

Please tick when attached (if applicable)

I declare that the information supplied in this application is accurate

Signed:

Date:

Please submit your completed application form and supporting material by **31st October 2024** 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:

admin@waimateaccountants.co.nz

Phone:

03 689 8551