



## The Bart Baker Memorial Scholarship

### APPLICATION FORM

Student Information	
Family Name:	
First Name/s:	
Date of Birth:	
Citizenship: <i>(please tick)</i>	NZ Citizen <input type="checkbox"/> NZ Permanent Resident <input type="checkbox"/> International <input type="checkbox"/>
Postal address:	
Email address: <i>(Please note that we will acknowledge receipt of your application via your email address after the published closing date of the scholarship)</i>	
Mobile number:	
Lincoln Student ID Number: <i>(if known)</i>	

Academic information	
Programme of Study at Lincoln:	
Name of Faculty in which you are studying in:	
List all tertiary institutions you have previously studied at: <i>(if applicable)</i>	
Highest Tertiary Qualification achieved:	
Provide copies of academic transcripts for all tertiary qualifications from any institution other than Lincoln University	<input type="checkbox"/> <i>(tick when attached)</i>
Outline your proposed or actual research programme and how it applies to this particular scholarship <i>(up to 500 words)</i> .	<input type="checkbox"/> <i>(tick when attached)</i>
List any Academic Prizes or Distinctions previously held: <i>(excluding school awards)</i>	

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

References	
Please submit two confidential academic letters of reference with your application.	
Please provide the name, title, address, phone number and email address for your two referees:	
Referee 1:	Referee 2:
References may be submitted via email as attachments to <a href="mailto:scholarships@lincoln.ac.nz">scholarships@lincoln.ac.nz</a> All emailed letters of reference must be received directly from the person providing the reference (not from the student applicant). Alternatively, references may be sent directly to the Scholarships Office (address below) or attached to the application in a sealed envelope.	

<b>Declaration:</b>	
I declare that the information contained in and provided in connection with this application is true and correct. <b>I acknowledge that giving false or misleading information is a serious offence.</b>	
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  
Christchurch

Phone: (03) 4230000

Email: [scholarships@lincoln.ac.nz](mailto:scholarships@lincoln.ac.nz)

## PRIVACY PROVISIONS

The information requested in this application form and your academic record will be used solely for the purposes of assessing your application for the Scholarship for which you are applying. Personal information contained in this application will be made available to members of the Selection Committee for this award, the membership of which is detailed in the award regulations.

Lincoln University undertakes to store your application in a secure place in the event that you are successful in gaining an award or are selected as a reserve candidate for an award, and to destroy your application after a minimum of three months to preserve its confidentiality in the event that you are unsuccessful in gaining an award.

Should you have reason to believe that information held about you in either your application or your academic record is incorrect, you have the right of access to, and correction of, that information.

Personal references from the persons you have named are obtained on the strict understanding that they are confidential, and you may not have access to those reports without the written authorisation of the author. References will be stored for no longer than twelve months

I, ..... agree to the above conditions with respect to my scholarship application to Lincoln University.

Signed:.....

Date:.....

## ADVICE TO APPLICANTS

Applications must arrive by the date shown on the application form. No undertaking is given to accept late applications.

It is your responsibility to contact your referees, and ask them to send their references to the Scholarships Office. References should be clearly marked with your name and the name of the scholarship for which you are applying. Referees should **not** be asked to send their references to you, as they must have the opportunity to be completely frank. Non receipt of referees reports or incomplete applications, may prejudice your eligibility.

Please do not send original birth certificates or other original documents. Send only copies that have been certified by a J.P, a solicitor, or a staff member in the university registry. **Unless specifically requested, please do not send curriculum vitae.** Lincoln University accepts no responsibility to return original certificates.

Please do not put your application into any sort of folder. Simply attach all pages with **ONE** staple in the top left hand corner. **All pages should be A4 size.**

If you have any queries regarding your eligibility or how to apply, please contact the Scholarships Office.



**Bart Baker Memorial Scholarship  
Referees Report**

Applicant's Name: .....

Students ID Number: .....

Scholarship Applied For:      Bart Baker Memorial Scholarship

This report is due by:                      31 March

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**Please provide a confidential reference on, or attached to this form, for the above named student. This reference will only be used by the Scholarships Selection Committee in determining the applicant's eligibility for the scholarship.**

Please send this report to: Scholarships Office, Lincoln University, P O Box 85084, Lincoln 7647, CHRISTCHURCH or **email:** [scholarships@lincoln.ac.nz](mailto:scholarships@lincoln.ac.nz)

Referee's Name: *(Pls Print)*.....

Organisation:.....

Signature:.....Date:.....