

THE BRIAN ASPIN MEMORIAL HONOURS/MASTERATE SCHOLARSHIP APPLICATION FORM

1.	Name:			
	(surname)		(first names)	
2.	University:			
	Course of study			
3.	Home Address:		Term Address	s (if known):
			_	
4.	Date of Birth: Contact		Telephone No.:	
		Email:		
5.	Academic Distinctions, Awards or Scholarships: (MUST include current and previous)			
6.	University Academic Record (please att	tach a cop	y of your record).
7.	New Zealand Citizenship or Permanent Residence (tick box):			
	☐ This has already been provided to the Undergraduate Student Administrator			
	Evidence is attached to this application for acceptable methods of evidence or residency)			
8.	Please attach a written presentation that outlines "Why agricultural post graduate study would assist me" This should include any past work in agriculture. (500 words maximum)			
9.	Please supply a reference (preferably wo referee.	rk related)	. This can be s	,
10.	Please supply one testimonial or referee application.	report fron	□ n your university □	(Tick when attached) to support your (Tick when attached)
Signature:			Date:	