



**LINCOLN**  
UNIVERSITY  
TE WHARE WĀNAKA O AORAKI

**THE CHALKY CARR SCHOLARSHIP  
APPLICATION FORM**

<b>Student Information</b>	
Family Name:	
First Name/s:	
Date of Birth:	
Postal address:	
Email address:	
Mobile number:	
Lincoln Student ID Number: <i>(if known)</i>	

<b>Academic Information</b>	
Secondary School Attended: <i>(include years)</i>	
Academic Distinctions:	
Course of Study at Lincoln:	
Please attach a written presentation outlining how you have been affected by a cancer experience and how this has impacted on your ability to undertake tertiary study. Please also outline your educational goals.	Tick when attached <input type="checkbox"/>

<b>Financial Information</b>
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Please list all Scholarships, Bursaries or Awards you have received during your course of study at Lincoln University.	
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<b>References</b>	
Please request two confidential letters of reference supporting your application. Ask the referees to return their references directly to the Scholarships Office – <a href="mailto:scholarships@lincoln.ac.nz">scholarships@lincoln.ac.nz</a>	
Please provide the name, title, address, phone number and email address for your two referees:	
Referee 1:	Referee 2:

<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 October.**

Candidates shall submit applications directly to one of the following addresses:

Scholarships Office  
 Lincoln University  
 PO Box 85084  
 Lincoln 7647  
 Canterbury

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

Web: [www.lincoln.ac.nz/scholar](http://www.lincoln.ac.nz/scholar)