



## C.H. CROKER MEMORIAL SCHOLARSHIP

### APPLICATION FORM

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

Academic Information	
Secondary School Attended: <i>(include years)</i>	
Highest Secondary School Qualification: <i>(i.e. NCEA, UE, A or B bursary)</i>	
Course of Study at Lincoln:	

Additional Information	
Please outline your career plans on completion of your study at Lincoln University	<input type="checkbox"/> <i>(tick when attached)</i>
Please outline your leadership activities and /or contribution to your community	<input type="checkbox"/> <i>(tick when attached)</i>

### References

Please submit two confidential letters of reference with your application. The referees may submit their references directly to the Scholarships Office or give to the applicant to submit with their application.

Please provide the name, title, address, phone number and email address for your two referees:

Referee 1:

Referee 2:

### Declaration:

I declare that the information contained in and provided in connection with this application is true and correct. **I acknowledge that giving false or misleading information is a serious offence.**

Signature:

Date:

**Please submit your application to the Lincoln University Scholarships Office no later than 4.30 on 31 May.**

Candidates shall submit applications directly to the following address:

Scholarships Office  
Lincoln University  
PO Box 85084  
LINCOLN 7647

Phone: (03) 423 0000  
Email: [scholarships@lincoln.ac.nz](mailto:scholarships@lincoln.ac.nz)  
Web: [www.lincoln.ac.nz/scholarships](http://www.lincoln.ac.nz/scholarships)