

Department of Conservation

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

References	
Please submit two confidential letters of reference with your application. Ask the referees to return their references to the Scholarships Office or email to scholarships@lincoln.ac.nz . Please ask them to note your name in full and the scholarship name.	
Please provide the name, title, address, phone number and email address for your two referees:	
Referee 1:	Referee 2:

Declaration of the Applicant
 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.**

If successful, I consent to my name and course of study together with promotional

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(s) 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 will 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 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.

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

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Date:.....