WAIMATE AGRICULTURAL TRUST

Application Form

Please read the Information Sheet to ensure you are eligible before completing this application form

Personal Details					
Surname:			First Names:		
Postal Address:			Qualifying Address (In Geographical Area):		
I confirm I have lived with	nin the geog	raphical area for a con	tinual period of at least	two years in my lifetime	
Contact Phone No:					
Email Address:					
2026 Course Details	5				
Intended Course of Study	/ :				
Education Provider:					
Total Tuition Fee Cost for	r 2025:				
2026 Financial Infor					
Student Loan Applied for		Yes	No		
Additional Funding Applications If you have applied elsewhere for funding please complete the table below					
Organisation	Amo	unt Applied for	Outcome	Date of outcome if waiting	
Checklist					
Curriculum Vitae (C.V.)		Please tick when attached Please tick when attached			
Written References					
Other Academic Achiever	ments	Please tick when attached (if applicable)			
Other Relevant Supporting					
Information	Please tick	Please tick when attached (if applicable)			
I declare that the information supplied in this application is accurate					
Signed:					
Date:					
Please submit your completed application form and supporting material by <u>31st October 2025</u> to:					
Physical Address:		Waimate Agricultural Trust			
		C/- Waimate Accountants Limited 52 Queen Street			
Waimate, 7924					
Postal Address:		Waimate Agricultural Trust			
			C/- Waimate Accountants Limited		
		PO Box 64 WAIMATE, 7960			
For all					
Email:		<u>adm</u>	in@waimateaccountar	its.co.nz	

Phone: 03 689 8551