



LINCOLN UNIVERSITY

FAR POSTGRADUATE SCHOLARSHIP APPLICATION FORM

NAME: _____
(Last name) (First names)

DATE OF BIRTH: _____ EMAIL: _____

MOBILE: _____ NATIONALITY: _____

MAILING ADDRESS: _____

SECONDARY SCHOOL ATTENDED (include years): _____

HIGHEST SCHOOL QUALIFICATION (i.e. NCEA, UE, A or B Bursary) _____

COURSE OF STUDY AT LINCOLN: _____

ACADEMIC DISTINCTIONS: _____

STUDENT ALLOWANCES: _____

FINANCIAL ASSISTANCE BEING RECEIVED OR EXPECTED (other scholarships/students allowances, etc)

PRACTICAL OR WORK EXPERIENCE: _____

INTENTIONS UPON COMPLETION OF COURSE: _____

SIGNATURE: _____ DATE: _____

Please Note: Copies of at least two testimonials or references must accompany this application. It is your responsibility to ensure that the testimonials reach the scholarships office on time. Please ensure that you provide copies of your academic transcripts.