LYNWOOD AVOCADO NURSERY SCHOLARSHIP APPLICATION FORM

Personal Details			
Name:			
Region:			
Postal Address:			
Landline:			
Mobile:			
Email:			
Date of Birth:			
New Zealand Citize Resident?	en or		
Question One	In 2021, what year of study will you be in?		
Answer			
Question Two	What is the name of the qualification you are enrolled in and with which institution are you enrolled?		
Answer			
Question Three	What education qualifications you have achieved to date?		
Answer			

Question Four	Please explain your reasons for applying for this scholarship
Answer	
Question Five	Which sector of the horticultural industry do you feel most aligned with and why?
Answer	
Question Six	Why did you choose horticulture and what do you feel you can contribute to the horticulture industry?
Answer	

References – to be received by 31 January 2021 Please submit up to three confidential letters of reference with your application.

Complete the top section of the referee form and give to each of your three nominated referees.

Ask the referees to either:

- Return their references to you in a sealed envelope with their signature across the seal
- Email to stephen@lynwood.co.nz

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

Referee 1:					
Referee 2:					
Referee 3:					
Declaration: I declare that the information contained in and provided in connection with this application is true and correct.					
Signature:		Date:			

Please submit your application by 31 January 2021 to:

Stephen Wade Phone: 0274346664

Email: stephen@lynwood.co.nz
Postal: R.D.9, Whangarei 0179

LYNWOOD AVOCADO NURSERY SCHOLARSHIP REFEREE'S REPORT

Applicant's Name:			
Address:			
Referee's Name:			Phone:
Address			
Referees Signature:			Date:
named, after considerat	ion of the objective and	d criteria clauses as	nal) on this form for the above- set out below. This reference will 's eligibility for the award applied
all aspects of horticultur Criteria: Commitm Potential Past achie		lture;	assist people furthering their educa
When completed, send to Stephen Wade, R.D.9, 70 Or scan (we need your s	01 State Highway 14, W	hangarei 0179	d.co.nz

(Please attach additional pages if required)