

# Allan Beaumont Student Award



## Application Form

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### A. PERSONAL INFORMATION

Name in Full: \_\_\_\_\_

Contact Address: \_\_\_\_\_

\_\_\_\_\_

Telephone No. \_\_\_\_\_ Male/Female: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(incl. STD code)

Current or Proposed Polytechnic Programme: \_\_\_\_\_

### B. APPLICANT INFORMATION

Please complete each part of this section and ensure that sufficient detail is recorded for the selection committee to evaluate the application.

1. *Have you applied for or received any other financial award/assistance for this academic year? If yes, please supply details.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. *What attracted you to apply for a programme of study at Tai Poutini Polytechnic?*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**D. DECLARATION**

I, \_\_\_\_\_, hereby declare that the information provided in this application is true and correct. If I am successful in gaining a Scholarship, I consent to having my name published.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness (please print): \_\_\_\_\_ Witness' Signature: \_\_\_\_\_

***E. RETURN OF FORM***

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This completed form should be returned to:

Director Operations  
Tai Poutini Polytechnic  
Private Bag 607  
GREYMOUTH

by 10 March. *Do not send any other personal documentation.*

The successful applicant(s) for this Award will be informed as soon as possible after the selection committee's decision is known. It is a condition of award that the name(s) of the recipient(s) is printed in West Coast newspapers.

[Referee's Form follows]

**F. REFEREE'S FORM**

1. Full name of applicant: \_\_\_\_\_

2. Full name of referee: \_\_\_\_\_

3. Please cross out **two** of the following three alternatives:

(a) I have sighted the applicant's application form and agree with the information supplied.

(b) I have sighted the applicant's application form and agree with the information supplied except for the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(c) I do not wish to support this application.

4. Relationship to applicant: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Witness: \_\_\_\_\_  
(full name)

Signature: \_\_\_\_\_

\_\_\_\_\_