



Coastal Restoration Trust of New Zealand Post-graduate Scholarship

Application Form

Full name of applicant:		
Postal Address:		
Phone:		
Email address:		
University or other tertiary institute the study is to take place at:		
Academic supervisors name(s) and department:		
Employer's name (if applicable):		
Employer's postal address (if applicable):		
Brief summary of study or project details and the expected benefits for coastal restoration in New Zealand:		
Details of any other funding applied for or received for this or other recent study:		
<p>Declaration: By submitting this application, I confirm that the details given on this form and on the attached papers are provided in good faith and correctly represent the study. I authorise members of the judging panel to contact the named referees to enquire about my professional and personal character.</p>		
I have read and understood the declaration (please indicate):	Yes	
Signature:	Date:	

Please attach a curriculum vitae and no more than five A4 sized pages detailing additional information to support your application and send your application to info@coastalrestorationtrust.org.nz by 14 February 2025.