

Coastal Restoration Trust of New Zealand Post-graduate Scholarship:

Application Form

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| 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: |  | | | |
| 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. | | | | |
| I have read and understood the declaration (please indicate): | | | Yes |  |
| Signature: | | Date: | | |

**Please attach a brief 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**](mailto:info@coastalrestorationtrust.org.nz) **by 14 February 2025.**