



# Tertiary Study Grant Application Form

Please check the grant conditions in the Tertiary Study Assistance brochure or on the CFANZ website [www.cfnz.org.nz](http://www.cfnz.org.nz)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 \_\_\_\_\_ Mobile: \_\_\_\_\_  
 City: \_\_\_\_\_ Email: \_\_\_\_\_  
 Postcode: \_\_\_\_\_

I intend to undertake the following course(s) of study/ skill:

Name of Institution: \_\_\_\_\_

Course of Study: \_\_\_\_\_

Do you have a Studylink Student Loan: No / Yes Client#: \_ \_ \_ \_ \_

Please **attach a copy of the invoice from the Course Provider** listing the fees due. CFANZ will assist only with the Tuition Fee, not building levies, Student Association Levies or subscriptions.

Amount Applied for: \$ \_\_\_\_\_

**Other Funding:** Have you applied for or received funding from any other source? YES / NO  
If yes, please list source and amount.

Have you applied for a Tertiary Study Grant from the CF Association before? YES / NO  
If yes, please attach your results from the year of your most recent application

**Past Academic Achievements:** Please list, beginning with most recent achievements

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

Signed: \_\_\_\_\_ Signed: \_\_\_\_\_  
(Applicant) (Fieldworker)

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

### Details of Payment:

Payment Method:  Direct Deposit Account No: \_ \_ - \_ \_ - \_ \_ - \_ \_  
 Cheque Payable to: \_\_\_\_\_  
 Mail to: \_\_\_\_\_

Please mail this form and any attached documents to:  
**Administration Manager, CF Association, PO Box 8241, Christchurch 8440**

All recipients of Tertiary Study Grants are eligible for the Mark Ashford Memorial Scholarship, an application form will be forwarded to you in January for completion before the 20 February closing.