



Cultivate Discipleship Programme  
New Zealand  
Wahi Tapu o Kawari Putahio Paipera o Aotearoa  
PO Box 302 659  
North Harbour, Auckland 0751  
New Zealand  
Email: cultivateadmin@ccbi.ac.nz  
www.cultivate.kiwi



## SCHOLARSHIP REQUEST FORM

### APPLICANT'S INFORMATION (Please print clearly)

Full Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address (Street and Box No.): \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State/ Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Are you able to fund raise or work in order to pay for your tuition?  Yes  No

If not, please explain: \_\_\_\_\_  
\_\_\_\_\_

How much financial assistance as your requesting? \$ \_\_\_\_\_

Have you requested financial assistance from your youth group/ church? Please explain.  Yes  No

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

Please explain why you are in need of financial assistance for the payment of your tuition.

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

Are we able to contact your youth group/ church regarding your financial request? If so, please provide the contact details below.

Yes  No

Full Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address (Street and Box No.): \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State/ Country: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

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

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

**Please mail request form to:**

**Cultivate Discipleship Programme  
PO Box 302 659  
North Harbour, Auckland 0751  
New Zealand**

**Or**

**Download, fill out, and email to:**  
**[cultivateadmin@ccbi.ac.nz](mailto:cultivateadmin@ccbi.ac.nz)**