



# JOHANNE LOHSE BEQUEST

## AGREEMENT OF CANDIDATE

I, \_\_\_\_\_,  
(Name in Full)  
of \_\_\_\_\_

\_\_\_\_\_  
(Address)

being a Candidate for a Scholarship in the Subject or Subjects noted below under the Johanne Lohse Bequest to be held by me at

\_\_\_\_\_  
(Name of tertiary institution)

where I propose and intend to study \_\_\_\_\_  
(Name of course or field of study, e.g. Music)

AND I \_\_\_\_\_  
(Full name of Father, Mother or Guardian where candidate under 21 years old)

of \_\_\_\_\_ declare that I have read and  
(Address of Father, Mother or Guardian where candidate under 21 years old)

unreservedly agree to all the regulations and conditions under which the Scholarships are offered and that I/she the said shall hold the said Scholarship if and when granted to me/her subject to the foregoing Regulations and Conditions, and I understand that the discretionary power of forfeiting or terminating such Scholarship is vested in Church Property Trustees, by whose decision in reference thereto I agree to abide.

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

{ Subject or Subjects  
for which Scholarship  
is offered.

Date of Birth \_\_\_\_\_

Age at 1<sup>st</sup> March next: \_\_\_\_\_ years. Term of Residence in New Zealand \_\_\_\_\_ years



Daughter of \_\_\_\_\_

DATED at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 2023

Signed \_\_\_\_\_  
(Candidate)

Signed \_\_\_\_\_  
(Father, Mother or Guardian when Candidate under 21 years)

**Applicants Contact Details:**

Email \_\_\_\_\_

Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

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Application Form, full references as to studies and attainments accompanying this Agreement to be submitted by **30<sup>th</sup> November 2023** to the following address:

Office Manager  
Church Property Trustees  
Box 4438  
Christchurch 8140

Email – [cptofficemanager@anglicanlife.org.nz](mailto:cptofficemanager@anglicanlife.org.nz)