



# CLUTHA VETS

## Animal Health Centre

P.O. BOX 231, BALCLUTHA 9240

**BALCLUTHA CLINIC**  
Wilson Road - Phone (03) 418-1280  
Fax (03) 418-1750  
Merchandise Direct (03) 418-1281  
enquiries@cluthavets.co.nz

**MILTON CLINIC**  
Union Street - Phone (03) 417-8032  
Fax (03) 417-8031

### 2025 APPLICATION FORM CLUTHA VETERINARY ASSOCIATION AGRICULTURAL TERTIARY BURSARY

|                  |  |          |
|------------------|--|----------|
| Name             |  |          |
| Term Address     |  | Postcode |
|                  |  |          |
| Home Address     |  | Postcode |
|                  |  |          |
| Date of Birth    |  |          |
| Telephone number |  |          |
| Email Address    |  |          |

|   |  |
|---|--|
| Which college or university do you attend?      |  |
| Degree or Diploma in which you are enrolled?    |  |
| What is the duration of your course?            |  |
| What year of your course are you currently in ? |  |

|   |          |
|---|----------|
| How much student allowance do you receive per week? | \$       |
| Do you have a student loan?                         | YES / NO |
| Do your parents provide financial support?          | YES / NO |

|  |  |
|--|--|
| What are your aims of taking this course?                    |  |
| What are your plans after graduation?                        |  |
| List some of your achievements to date                       |  |
| Tell us why you think Clutha Vets should award you a bursary |  |
| Signed   |  |
| Date   |  |

Please email or post your completed application form to Lucy Caldwell –  
[lcaldwell@cluthavets.co.nz](mailto:lcaldwell@cluthavets.co.nz)  
 Clutha Vets, PO Box 231, Balclutha 9240  
 Closing date for applications: Monday 31<sup>st</sup> March 2025