

# ADA FACHE GRANT

## 1. PERSONAL DETAILS

First name/*Ingoa* .....

Surname/*Ingoa whānau* .....

Title ..... Previous name .....

*Iwi* ..... *Hapū* .....

Mailing address/*Wāhi noho* .....

.....

.....

Postcode ..... City/*Taone* .....

Country/*Whenua* .....

Phone/*Waea* ..... Cell phone/*Waea pūkoro* .....

Email/*Ī mēra* .....

## 2. LIANZA PERSONAL MEMBERSHIP

*Minimum of three years membership required*

Start date .....

Membership number .....

## 3. ATTACHMENTS

*Please attach all relevant documentation from checklist below*

Explanation of nature of professional isolation

Professional aim for the grant & summary of potential benefits



# ADA FACHE GRANT

## 4. REFEREES

Name/*Ingoa* .....

Phone/*Waea* .....

Email/*Īmēra* .....

Name/*Ingoa* .....

Phone/*Waea* .....

Email/*Īmēra* .....

## 5. DECLARATION

I ..... declare that,

1. I wish to apply for Ada Fache Grant
2. I solemnly and sincerely declare that, to the best of my knowledge and belief, all the information in this application is entirely true and correct
3. I understand LIANZA may contact institutions or individuals named in this application to verify the information provided

Signed ..... Date .....

Send completed application to [officeadmin@lianza.org.nz](mailto:officeadmin@lianza.org.nz)



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