

Financial information in support of application for admission

Student Information Student's Surname: (Block capitals) Christian Names: (In full, underline name commonly used) Student's Home Address: Postal Code: Home Phone No: Person(s) making application for the student Mother | Stepmother | Caregiver (please circle one) Private Address: Postal Code: How long have you lived at the above address: (years and months) Home Phone No: Business Phone No: Mobile Phone No: Email: (Note: This is essential for school correspondence purposes) Name of Employer: Occupation: Position: Father | Stepfather | Caregiver (please circle one) Full Name: Private Address:Postal Code: How long have you lived at the above address: (years and months) Home Phone No: Mobile Phone No: Email:

Note: Only the legal custodian/guardian of the student may make an application. If you are not the parent of the student please attach proof of legal guardianship to this application. If you are the parent of the student and are divorced or separated or living apart from the other parent, a copy of the custody order must be attached to this application.

Name of Employer:

Occupation: Position: Position:

(Note: This is essential for school correspondence purposes)



Own H	ome Rented Home Boarding (please circle one)
lf you ov	n your own home, state weekly mortgage payments: \$
If renting	g, state weekly rental paid: \$
lf boardi	ng, state weekly board payment: \$
Inco	me of the person(s) making the application
	plicant is married or living in a de facto relationship the information given below must cover both a ner. All income figures should be GROSS (before tax). All information should be given on a weekly
Mothe	Stepmother Caregiver (please circle one) Please indicate weekly amounts below:
Salary o	Wages: (attach copies of 4 most recent payslips) \$
ncome	Support: (attach confirmation of payment from Work & Income NZ) \$
Family S	upport Tax Credit: \$
Other In	come: (state source e.g. boarder, income from part-time work, etc) \$
Estimate	d weekly expenses for family: \$
Father	Stepfather Caregiver (please circle one) Please indicate weekly amounts below:
Salary o	Wages: (attach copies of 4 most recent payslips) \$
ncome	Support: (attach confirmation of payment from Work & Income NZ) \$
Family S	upport Tax Credit: \$
Other In	come: (state source e.g. boarder, income from part-time work, etc) \$
Estimate	d weekly expenses for family: \$
Total w	reekly income \$
	ny families are supported by this income? (List name and ages)

Financial information

Land and Building Other Real Estate	the person(s) making th						
Other Assets: (ple	(attach most recent financial accounts) \$						
	Total Assets \$ Do you receive any of the following benefits from your employer? Vehicle Superannuation Annual Bonus						
Give the details of	Liabilities of the person(s) making the application for the student Give the details of any money owing in respect of mortgages, loans (include credit card and HP debt) or leases and provide supporting documents:						
	Name of Lender	Amount Owing	Weekly Repayments				
Other circ	umstances	I					
	there are any other circumstances that you consider are relevant to the granting of a scholarship but are not vered by the form, please detail below:						

Authority to Enquire

(Please read carefully) (Full name of applicant) hereby authorise Sacred Heart College to make, from any person or organisation, such enquiries as it sees fit in respect of my character, financial circumstances, or other matters relating to this application. I acknowledge that the selection of students for admission under the Scholarship is the responsibility of Sacred Heart College and understand that Sacred Heart College will not provide any explanation as to why any application is declined. I do solemnly and sincerely declare that all of the information contained in this application is true and correct. I understand that the provision of false information or the omission of relevant information will place this application in jeopardy and in the case of discovery after a student is awarded a Scholarship, may result in the Scholarship being terminated. I acknowledge that the information supplied will be retained on file in the case of successful applicants. In the case of unsuccessful applicants, the forms will be destroyed. Signed:

Checklist

For Applicant			
all in	Your application will not be processed unless all information listed below is enclosed. Please include copies only, NOT originals of the following:		
	Payslips for preceding 4 pay periods		
	Confirmation of payments from Work and Income NZ (if applicable)		
	Copies of the most recent Financial Accounts and Tax Return of Business, Estate or Trust (if applicable)		
	Copy of the most recent Government Valuation Notice (if applicable)		
	Confirmation of mortgage debt or any other debts		
	Confirmation of all debt repayment amounts		
When competed send to:			
Enrolment/Scholarships 250 West Tamaki Road, Glendowie Auckland 1071, New Zealand			
Pho	Phone: +64 9 529 3660 Extn 714		
Enrolment enquiries to:			

www.sacredheart.school.nz

Financial form received by

Name:	
Date:	