



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)

Full Name:

Length of relationship: (if applicable) Marital Status:

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:

Length of relationship: (if applicable) Marital Status:

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:

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.

Financial information

■ Assets of the person(s) making the application

Land and Buildings: \$.....

Other Real Estate: \$.....

Details:

Business Assets: (attach most recent financial accounts) \$.....

Other Assets: (please specify) \$.....

Total Assets \$.....

Do you receive any of the following benefits from your employer?

Vehicle

Superannuation

Annual Bonus

■ 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 circumstances

If there are any other circumstances that you consider are relevant to the granting of a scholarship but are not covered by the form, please detail below:

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■ Authority to Enquire

(Please read carefully)

I
(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:

Date:

Checklist

For Applicant

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 completed send to:

Enrolment/Scholarships
250 West Tamaki Road, Glendowie
Auckland 1071, New Zealand

Phone: +64 9 529 3660 Extn 714

Enrolment enquiries to:
enrolments@sacredheart.school.nz

www.sacredheart.school.nz

Financial form received by

Name:

Date: