

## Application Form for Buchanan Charitable Foundation Scholarship at King's School for Entry in Year 5, 2018

FAMILY NAME(please print)	Given names (please underline name usually used)
Home Address:	Date of Birth:
	Home Phone:
	Country of Birth:
Present school:	Religious Denomination:
PARENTS / GUARDIANS	
FATHER / STEPFATHER / GUARDIAN (circle as appropriate)	MOTHER / STEPMOTHER / GUARDIAN (circle as appropriate)
Given Names	Given Names
Surname	Surname
Home address (if different from above)	Home address (if different from above)
Home Phone	Home Phone
Mobile Phone	Mobile Phone
Home Email	Home Email
Occupation	Occupation
Industry Area (eg medicine)	Industry Area (eg medicine)
Business Name	Business Name
Business Phone	Business Phone
Business Email	Business Email
Has the candidate any connection with King's School?	
To what Church does he belong?	
Parent to correspond with if parents are separated or divorced	Mr / Mrs / Miss / Ms
Outline applicant's interests and achievements (use separate she	eet if necessary)

(Please state which ethnic group you belong to, ie Tongar	n, Samoan, Maori. If Maori, please state your lwi)
Please list two referees who will support your son's application:	
Referee 1	Referee 2
Name:	
Address:	
Occupation	
The candidate should submit a one-page (typed is preferred) statement a School.	about why he wishes to attend King's School and what he would contribute to the
(PLEASE TICK EACH BOX TO INDICATE COMPLETION):  Graph Completed Application Form	
☐ Copy of candidate's last School Report	
☐ A recent passport-sized photograph	
☐ Candidate's personal statement	
☐ Copy of Birth Certificate and/or documentary evidence of New Zeala	and citizenship or residency
■ We have given the Confidential Report to candidate's school (When completed, form to be returned to parent or mailed directly to heave.)	Kirsty Higgs at King's School - see address below)
(PLEASE MAKE SURE TO ATTACH <u>COPIES</u> ONLY OF ANY DOCUMENTATION. WE CA	ANNOT ACCEPT RESPONSIBILITY FOR ORIGINALS)
SIGNATURE OF FATHER:	Date:
SIGNATURE OF MOTHER:	DATE:
SIGNATURE OF GUARDIAN (IF APPLICABLE):	Date:
Please return to: Kirsty Higgs	

King's Schoo

King's School Private Bag 28 914 AUCKLAND 1541

Email: k.higgs@kings.school.nz