

## 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)                                      |  |  |  |
|  |  |  |  |  |

| Ethnic Group  | :   |                                |                                    |                               |  |
|---|---|--------------------------------|------------------------------------|-------------------------------|--|
|   | (Please state which ethnic group you belong to, is                                  | e Tongan, Samoan, Maori.       | If Maori, please state your lwi)   |                               |  |
|   |   |                                |                                    |                               |  |
|   |   |                                |                                    |                               |  |
|   |   |                                |                                    |                               |  |
| Please list two   | referees who will support your son's application:                                   |                                |                                    |                               |  |
| . 10000   | Total San Capper, your contraction  |                                |                                    |                               |  |
|   | Referee 1   |                                | Referee 2                          |                               |  |
|   | Referee 1   |                                | Referee 2                          |                               |  |
|   |   |                                |                                    |                               |  |
| Name:   |   |                                |                                    |                               |  |
|   |   |                                |                                    |                               |  |
| Address:  |   | ·                              |                                    |                               |  |
|   |   |                                |                                    |                               |  |
|   |   |                                |                                    |                               |  |
|   |   | ·                              |                                    |                               |  |
| 0 "   |   |                                |                                    |                               |  |
| Occupation  |   | <u> </u>                       |                                    | <u></u>                       |  |
|   |   |                                |                                    |                               |  |
|   | should submit a one-page (typed is preferred) start                                 | tement about why he wishe      | es to attend King's School and wha | at he would contribute to the |  |
| School.   |   |                                |                                    |                               |  |
|   |   |                                |                                    |                               |  |
| (PLEASE TICK  | EACH BOX TO INDICATE COMPLETION):   |                                |                                    |                               |  |
|   | d Application Form  |                                |                                    |                               |  |
| •   | andidate's last School Report   |                                |                                    |                               |  |
|   | passport-sized photograph   |                                |                                    |                               |  |
| -   | s's personal statement  |                                |                                    |                               |  |
|   | •   | ow Zooland sitizonship or re   | ooidonov                           |                               |  |
|   | Birth Certificate and/or documentary evidence of Ne                                 | ·                              | esidency                           |                               |  |
| ☐ We have given the Confidential Report to candidate's school (When completed, form to be returned to parent or mailed directly to Kirsty Higgs at King's School - see address below) |   |                                |                                    |                               |  |
| (Whom our   | inploted, form to be returned to parent or mailed dif                               | oony to ruioty riiggo at ruing | go conoci coo adarose bolowy       |                               |  |
|   |   |                                |                                    |                               |  |
| (PLEASE MAKE SURE TO ATTACH COPIES ONLY OF ANY DOCUMENTATION. WE CANNOT ACCEPT RESPONSIBILITY FOR ORIGINALS)  |   |                                |                                    |                               |  |
|   |   |                                |                                    |                               |  |
|   |   |                                |                                    |                               |  |
| SIGNATURE OF  | Father:   |                                | Date:                              | -                             |  |
|   |   |                                |                                    |                               |  |
| SIGNATURE OF  | Mother:   |                                | Date:                              | _                             |  |
|   |   |                                |                                    |                               |  |
| SIGNATURE OF  | GUARDIAN (IF APPLICABLE):   |                                | Date:                              |                               |  |
| SIGNATURE OF  | GUARDIAN (IF APPLICABLE).   |                                | DAIE.                              | -                             |  |
|   |   |                                |                                    |                               |  |
| Applications close 15th August 2017   |   |                                |                                    |                               |  |
|   | close 15" August 2017<br>s will take place on Tuesday, 22 <sup>nd</sup> August 2017 |                                |                                    |                               |  |
|   | tand place on recodely, LE ridgest LVII   |                                |                                    |                               |  |
|   |   |                                |                                    |                               |  |
| Please return   | to: Gabrielle Smith   |                                |                                    |                               |  |
|   | King's School   |                                |                                    |                               |  |

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AUCKLAND 1541
Email: g.smith@kings.school.nz