



**KING'S**  
SCHOOL

## ENDEAVOUR SCHOLARSHIPS

### Application Form for Entry in Year 7, 2027

**Applications Close: Thursday 30 April 2026**

**Scholarship Testing: Tuesday 5 May 2026, 9.00am - 2.15pm**

*Applications are open to NZ Citizens and Residents of Māori or Pasifika descent, who are active in their culture.*

*Scholarships are tenable for Years 7 and 8 at King's School, followed by Years 9 – 13 at King's College.*

*This is a financial aide scholarship that includes tuition, uniform, and other associated school expenses.*

### Applicant Information

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_ Known As: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Nationality: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

If NZ Māori, state Iwi: \_\_\_\_\_

Religion & Church Attended: \_\_\_\_\_

Home Address (Street Address): \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Current School: \_\_\_\_\_

Please list any connections applicant has with King's School (*eg a family member who is a current or previous student*)

Connection: \_\_\_\_\_ Name: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Connection: \_\_\_\_\_ Name: \_\_\_\_\_ Years Attended: \_\_\_\_\_

Does applicant currently receive any support for the following

*(this information will not prejudice the application, but is required to ensure support is in place if required)*

Diagnosed/Indicators of a Specific Learning Need (eg Dyslexia, Autism, ADHD)

Accelerant Work

Small Group Learning Support

Behavioural Support

Speech Language Therapy

Occupational Therapy

Other

If yes to any of the above, please provide further information: \_\_\_\_\_



**Caregiver 1 Information**

Relationship to applicant: \_\_\_\_\_ Title: Dr Mr Mrs Ms Miss

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_ Known As: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Home Address same as applicant Yes No

If not same address as applicant: Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_

**Caregiver 2 Information**

Relationship to applicant: \_\_\_\_\_ Title: Dr Mr Mrs Ms Miss

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_ Known As: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Home Address same as applicant Yes No

If not same address as applicant: Street Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_

**Applicant Lives With** (please tick):

Both Caregivers      Both Caregivers, Shared      Caregiver 1      Caregiver 2

If the applicant is not offered an Endeavour Scholarship at King's School for Year 7 2027, would you be interested in applying for a fee-paying place (if one is available)?      Yes      No



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### **Applicant's Interests and Achievements**

*(you may use a separate sheet if you prefer)*

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### **What do you believe the applicant would contribute to King's School?**

*(you may use a separate sheet for your answer if you prefer)*

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### **Applicant's Personal Statement**

The applicant is required to submit a personal statement with this application. He should tell us a bit about himself, his strengths, achievements and personal goals. Applicant may hand-write or type his statement. No longer than one page please.

### **Confidential Report from applicant's teacher**

Please download the Confidential Report and provide it to the applicant's current teacher. Report is available to download on the King's School website <https://kings.school.nz/scholarships/>  
When completed, form to be returned directly to King's School by teacher – see addresses overleaf.

### **Two Referees who support this application**

*(Referees may include family friends, business associates, the applicant's teacher or pastor – but must NOT be related to applicant)*

#### **Referee One**

Connection to Applicant: \_\_\_\_\_ Full Name: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_

#### **Referee Two**

Connection to Applicant: \_\_\_\_\_ Full Name: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Business Name: \_\_\_\_\_



**Please include the following with his application** *(tick box to indicate completion):*

Completed Application Form

List of Interests & Achievements

Answer to question “What Do You Believe Applicant Would Contribute”

Applicant’s Personal Statement

Applicant’s 2025 end-of-year School Report

Educational Psychologist Assessment, if applicable

Any other report/s relating to applicant’s learning needs

*(eg Giftedness Assessment / Speech Therapist Report / Occupational Therapist Report)*

Copy of applicant’s NZ Birth Certificate, or NZ Passport

If applicant is not a NZ Citizen, please include a copy of NZ Residency Permit or Domestic Student Visa

Recent photograph of applicant *(head and shoulders)*

We have given the Confidential School's Report to applicant’s current teacher

**Declaration**

I/we confirm that the above application is true and correct. I/we understand that submission of this application does not constitute an enrolment agreement with King’s School. I/we understand that successful applicants will be asked to sign an Admission Agreement as part of the Acceptance of any Scholarship offered to King’s School.

Name & Signature of Caregiver 1: \_\_\_\_\_ Date:

Name & Signature of Caregiver 2: \_\_\_\_\_ Date:

**Return completed Year 7 2027 Endeavour Scholarship application to:**

King’s School Admissions Manager, Emma Macedra

[e.macedra@kings.school.nz](mailto:e.macedra@kings.school.nz)

Or mail to: Admissions Manager, King’s School, Private Bag 28914, Remuera 1541.

*Note: if mailing a completed application to King’s School, please allow sufficient time for the application to arrive before the closing date. Make sure to attach **COPIES** of documentation. We cannot accept responsibility for originals.*

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