



Scholarship Application Form

Today's
Date

First Name

Last Name

Students
Start
Date

School
Year
Level

Application Procedure

Step 1: Complete this Application Form.

The information provided on this form is confidential and will be used to allow us to consider your application and to maintain contact with you.

Step 2: Submit Application Form with Supporting Documentation.

Completed applications should be posted or returned to:
Pinehurst School, Admissions Registrar, PO Box 302-308, North Harbour, Auckland 0751.

Applications must be submitted with the following supporting documentation:

1. Documentary evidence of New Zealand birth, citizenship or residency.
2. Copies of your two most recent school reports.
3. Copies of any formal examination results.
4. Recent passport sized photo.
5. Candidate's personal statement.
6. Statutory Declaration as to Income.

Scholarships are available to New Zealand citizens and residents only.

No late entries will be accepted.

Step 3: Attend Interview.

Interviews will be held approximately 3 weeks after the application closing date.

Step 4: The School's Consideration.

Students are expected to demonstrate a willingness and ability to support Pinehurst School's mission and to apply themselves to academic study and participate fully in school life.

1. Student Information

Last Name

First Name(s)

Preferred Name

Male Female NZ Resident: Yes No

Date of Birth

Country of Birth

Citizenship

Ethnic Group/Iwi

Is English your first language?

Yes No

2. Email Communication

Please nominate the best email address for school correspondence:

.....

3. Sibling Information

Name

Date of Birth

School Year Level

Name

Date of Birth

School Year Level

Name

Date of Birth

School Year Level

Do you have other relations or connections at Pinehurst?

Please name:

4. Family Information

Father Stepfather Other

Title Last Name

First Names

Preferred Name

Home Address

Suburb City

Postcode Country

Mobile Work

Phone Home

Occupation

Employer / Company Name

Does the child reside with you? Yes No

Are you the Legal Guardian(s) Yes No

Mother Stepmother Other

Title Last Name

First Name(s)

Preferred Name

Home Address

Suburb City

Postcode Country

Mobile Work

Phone Home

Occupation

Employer / Company Name

Does the child reside with you? Yes No

Are you the Legal Guardian(s) Yes No

5. Medical Details

It is important that Pinehurst School is informed of any medical needs the student has, such as medical or physical conditions which may require medication or other attention. Please attach any relevant documentation. If this section is not completed we assume the student has no medical or physical conditions about which we should be aware.

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.....
.....
.....

6. Schooling History

Previous School

Date first attended schooling

Current School

Year level completed

7. Student Profile

Any special awards or prizes:

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.....
.....

Sporting, cultural interests and leisure activities:

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.....
.....

Musical instrument/choir/drama:

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.....
.....

Career ambitions:

.....
.....
.....

8. Referees

Please provide two referees who may be contacted:

A. Reference in regard to the applicant's current education, either a Teacher or Head of School

Name

Phone

Mobile

Email

B. Reference from a family friend or colleague who can provide a character reference for the applicant and their family

Name

Phone

Mobile

Email

Declaration

I/We declare that the information provided in this Application is true and correct. I/we understand that acceptance of this form does not constitute admission of the applicant to Pinehurst School.

I/We understand that we will be required to agree to Pinehurst School's Conditions of Entry which apply at the time our daughter/son is offered a place at Pinehurst School.

Father's signature

Name

Date

Mother's signature

Name

Date

Guardian's signature

Name

Date

Privacy Statement

"The information on this form is collected as part of the essential information the school holds on your child. This information will be used by the school for the following purposes: assessing your child's application, enrolling your child at school, assessing the educational needs of your child and meeting enrolment requirements for the Ministry of Education. The records made from this information may be viewed on request at the school. You are entitled to request correction of the information and to be informed of any action taken in response to such a request and to have attached to the information a statement that you have requested a correction. The information collected may be disclosed to education and health sector agencies in accordance with the principles of the Privacy Act 1993, except with your specific authorisation, it will not be disclosed to any other person or agency unless such disclosure is authorised or required by law."

Student Statement

(Must be completed)

To be completed by the applicant.

Why would you like to attend Pinehurst School?

A series of horizontal dotted lines for writing.

FINANCIAL ASSISTANCE SCHOLARSHIP APPLICATION

STATUTORY DECLARATION AS TO FINANCIAL POSITION

TO: Pinehurst School Incorporated.

I, _____ of _____
(Full name) *(Full residential address)*

and _____ of _____
(Full name) *(Full residential address)*

as the parent(s) or guardian(s) of _____
(Applicant's full name)

in application for a student scholarship and/or student at Pinehurst School Incorporated (the School), solemnly and sincerely declare that:

1. My/our child receives, or we would like him or her to receive, a part or full Financial Assistance Scholarship which provides financial assistance in respect of tuition fees to allow my/our child to attend the School.
2. I/we understand that my/our child receives or will receive such scholarship in part due to:
 - Primary caregiver(s) have a joint annual gross income of \$80,000 or less
The period where this is tested is for the income tax year of 1 April to 31 March annually.
 - Primary caregiver(s) have a combined net worth of \$300,000 or less as at application date.
Net Worth is the amount by which assets exceed liabilities.
 - My child, or their primary caregiver(s), are not beneficiaries of any trusts
(exceptions will be made on a case by case basis)
 - My child is a New Zealand citizen or a permanent resident of New Zealand
3. I/We acknowledge and agree that my/our income is currently below this threshold and I/we will immediately inform the School should my/our income increase above that threshold.
4. I/we make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Scholarship Applications must be accompanied by the completed Statement of Financial Position

Declared at Auckland on: _____/_____/_____

Signature

Name

Signature

Name

Before me:

*Solicitor/Justice of the Peace/Notary Public or such
other person authorised by law to administer an Oath*

Applicant's Name: _____

Statement of Financial Position for Financial Assistance Scholarship Application

1. Family Income

The following will be included as "Joint Annual Gross Income" for scholarship purposes.

- Gross Wages or Salaries received, including any bonus payments or commission income;
- Shareholder salary, when provided for in a company's profit and loss account, whether received in cash or not, or drawings lieu of a shareholder salary;
- Gross Interest received;
- Gross Dividends received;
- Payments from ACC or other insurance pay-outs in lieu of a working wage or salary;
- Income distributions from a trust;
- Overseas pensions that are exempt from New Zealand tax;
- Distributions from superannuation schemes that relate to contributions made by a person's employer within the last two years, when the person has retired early;
- Annual net profit retained in a closely held company and not paid out to shareholders;
- Fringe benefits received by shareholder-employees who control the company;
- Income from investment portfolios;
- Other payments if the total exceeds \$5,000 a year

Please declare the total taxable gross income (*1) earned in the 2019/2020 Financial year (*2) for each primary caregiver, below

| | |
|---------------------------------|----|
| First Caregiver | \$ |
| Second Caregiver | \$ |
| Third Caregiver (if applicable) | \$ |
| TOTAL | \$ |

2. Working for Families Tax Credits

Are Working for Families Tax Credits received in the household(s) where the student lives Yes/No

If Yes, as at the most recent assessment(s) how much is received each week \$

3. Additional Income

Was any additional income received into the household(s) where the student lives during the 2019/2020 Financial year? Yes/No

If yes, list each source of income and the amounts received:

| Sources of Income | Income Amount |
|-------------------|---------------|
| (a) | \$ |
| (b) | \$ |
| (c) | \$ |

4. Family Worth

Definition

A person's net worth is the total value of their assets less their total liabilities. Please declare all assets and liabilities associated with the applicant's primary caregivers either below or provide a Balance Sheet prepared by your accountant. (Verification documents must be provided as listed below)

The following will be included as "Joint Net Worth" for scholarship purposes. The period where this is tested is for the income tax year of 1 April to 31 March annually:

- Assets owned by the primary caregivers in their personal capacity and include items such as a property (including any rental properties owned by the primary caregivers), vehicles, boats, cash in the bank including term deposits, investment portfolios including shares in public or private entities;
- Assets owned by a trust to which the primary caregivers are associated by way of being beneficiaries in their personal capacity and include items owned by the trust such as a property (including any rental properties owned by the trust), vehicles, boats, cash in the bank, investment portfolios including shares in public or private entities;
- Assets and liabilities of any business interests including a company or a partnership to which the primary caregivers are associated by way of being shareholders or partners in their personal capacity and include items owned by the company or partnership such as a property (including any rental properties owned by the company or partnership), vehicles, cash in the bank, investment portfolios including shares in public or private entities;
- Liabilities owed by the primary caregiver in their personal capacity, or owed by a trust to which the primary caregivers are associated by way of being beneficiaries in their personal capacity, or owed by a company or a partnership to which the primary caregivers are associated by way of being shareholders or partners in their personal capacity are to include:
 - (a) any overdrafts or loans from financial institutions, such as banks or finance companies; or from other funders, such as individuals
 - (b) outstanding credit card debts, including store credit;
 - (c) hire purchase debts;
 - (d) student loan debts.
 - (e) outstanding taxation owing to Inland Revenue Department;
 - (f) outstanding child support/maintenance;
 - (g) other valid loans

| Assets | Value | Liabilities | Owing |
|--|-------|-------------------------------|-------|
| Cash (including term deposits and any funds held in savings account) | \$ | Mortgage(s) | \$ |
| Total value of all property owned as verified by a Quotable Value (QV) rating or a Council Rating Value (RV) | \$ | Credit Cards | \$ |
| Total value of all investments | \$ | Loans | \$ |
| | \$ | Overdraft | \$ |
| List any other assets (*6) and their value | | List other debt and its value | |
| Vehicles | \$ | Hire Purchase | \$ |
| Boats | \$ | Student Loan | \$ |
| Rental Property | \$ | Outstanding Tax owing | \$ |
| | \$ | Outstanding Child support | \$ |
| | \$ | Other valid loans | \$ |
| | \$ | | \$ |
| TOTAL ASSETS | \$ | TOTAL LIABILITIES | \$ |

CHECK LIST

Documents attached:

| | |
|-----|--|
| 1). | 2019/2020 Summary of Earnings from Inland Revenue (IRD for every primary caregiver) |
| 2). | Supporting documents if income has reduced significantly for any primary caregivers since the end of the 2019/2020 Financial Year i.e. payslip, letter from employer |
| 3). | Most recent Working for Families Assessment Statement(s), if applicable |
| 4). | Most recent mortgage statement for each property, (if applicable) |
| 5). | Quotable Value (QV) or a Council rating Value (RV) for each property owned |
| 6). | Documentation to verify any other Assets |
| 7). | Documentation to verify any other Liabilities |