



Scholarship Application Form

Today's Date: ____/____/____

Student's Start Date: ____/____/____

Year Level: _____

.....
First Name

.....
Last Name

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.

Scholarships are available to New Zealand citizens and residents only. No late entries will be accepted.

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:

- (a) Documentary evidence of New Zealand birth, citizenship or residency.
- (b) Copies of your two most recent school reports.
- (c) Copies of any formal examination results.
- (d) Recent passport sized photo.
- (e) Candidate's personal statement.
- (f) Statutory Declaration as to Income.

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.

Student Information			
Last Name		First Name(s)	
Preferred Name		Gender	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of Birth		Country of Birth	
Citizenship		Ethnic Group / Iwi	
Current School		Current Year Level	
Previous School		Level Completed	
Is your first language English	Yes <input type="checkbox"/> No <input type="checkbox"/>	NZ Resident	Yes <input type="checkbox"/> No <input type="checkbox"/>
Student lives with	Both parents <input type="checkbox"/> Mother Only <input type="checkbox"/> Father Only <input type="checkbox"/> Guardian <input type="checkbox"/>		

Mother <input type="checkbox"/>	Stepmother <input type="checkbox"/>	Other <input type="checkbox"/>	Father <input type="checkbox"/>	Stepfather <input type="checkbox"/>	Other <input type="checkbox"/>
Title			Title		
Last Name			Last Name		
First Name			First Name		
Preferred Name			Preferred Name		
Home Address			Home Address		
Suburb			Suburb		
City			City		
Postcode			Postcode		
Home Phone			Home Phone		
Mobile Phone			Mobile Phone		
Email Address			Email Address		
Occupation			Occupation		
Business Name			Business Name		

Student 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

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?			

Referees			
Please provide two referees who may be contacted			
(1) Reference in regard to the applicant's current education, either a teacher or Head of School			
Name		Mobile	
Email			
(2) Reference from a family friend or colleague who can provide a character reference for the applicant and their family			
Name		Mobile	
Email			

Student Profile	
Any special awards or prizes	
Sporting, cultural interests and leisure activities	
Musical instrument/choir/drama	
Career ambitions	

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.	Mother's signature: _____ Date: ____/____/____
	Mother's Name _____
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: _____ Date: ____/____/____
	Father's Name _____
	Guardian's signature: _____ Date: ____/____/____
	Guardian's Name _____

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."

Statement of Financial Position for Financial Assistance Scholarship Application

Applicant's Name: _____

1. Family Income

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

- a) Gross Wages or Salaries received, including any bonus payments or commission income;
- b) 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;
- c) Gross Interest received;
- d) Gross Dividends received;
- e) Payments from ACC or other insurance pay-outs in lieu of a working wage or salary;
- f) Income distributions from a trust;
- g) Overseas pensions that are exempt from New Zealand tax;
- h) 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;
- i) Annual net profit retained in a closely held company and not paid out to shareholders;
- j) Fringe benefits received by shareholder-employees who control the company;
- k) Income from investment portfolios;
- l) 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:

- a) 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;
- b) 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;
- c) 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;
- d) 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;
 - I. any overdrafts or loans from financial institutions, such as banks or finance companies; or from other funders, such as individuals
 - II. outstanding credit card debts, including store credit;
 - III. hire purchase debts;
 - IV. student loan debts.
 - V. outstanding taxation owing to Inland Revenue Department;
 - VI. outstanding child support/maintenance;
 - VII. 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)	\$	Loans	\$
		Overdraft	\$
Investments portfolios including shares in public or private entities	\$	Credit Cards	\$
TOTAL	\$	TOTAL	\$

List any other assets (see Item 4a, 4b, 4c)	Value	List other Debt	Value
Vehicles	\$	Hire Purchase	\$
Boats	\$	Student Loan	\$
Rental Property	\$	Outstanding Tax owing	\$
	\$	Outstanding Child Support	\$
	\$	Other valid loans	\$
	\$		\$
	\$		\$
TOTAL	\$	TOTAL	\$

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