

# GENERAL EXCELLENCE SCHOLARSHIP APPLICATION



**St Paul's**  
COLLEGIATE SCHOOL

To be submitted by THE END OF TERM TWO in any given year to: The Scholarship Committee, St Paul's Collegiate School, Private Bag 3069, Waikato Mail Centre, Hamilton 3240.

## PUPIL INFORMATION

Surname(s)	
Christian Name(s)	
Date of Birth (dd/mm/yy)	Male <input type="checkbox"/> Female <input type="checkbox"/>
Ethnicity	Iwi Affiliation (if relevant)
Present School	Year Level
Height	Weight

## PARENT/GUARDIAN INFORMATION - FATHER

Surname(s)	Title
Christian Name(s)	Email
Street address	
Town/Suburb	City
Postcode	Occupation
Telephone (home)	Telephone (mobile/business)

## PARENT/GUARDIAN INFORMATION - MOTHER

Surname(s)	Title
Christian Name(s)	Email
Street address	
Town/Suburb	City
Postcode	Occupation
Telephone (home)	Telephone (mobile/business)

Please indicate any information about the student's primary caregivers and/or their care situation which may be of relevance to the application.


## AMOUNT BEING APPLIED FOR

\$			
To cover	<input type="checkbox"/> Tuition Fees	<input type="checkbox"/> Boarding Fees	<input type="checkbox"/> Other – please specify





If the scholarship application is unsuccessful would you be interested in accepting a full fee paying placement?  Yes  No

**Please attach**

- Most recent end of year school report
- Supporting letters from Referees (ie current teacher, principal, coach etc) as above
- Handwritten personal statement from student about why they wish to attend St Paul's Collegiate School and what they could contribute to life at St Paul's Collegiate School
- CV if available

\_\_\_\_\_  
Signed – Father/Guardian

\_\_\_\_\_  
Signed – Mother/Guardian

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date