

DISTANCE BOARDING / BOARDING 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

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

\$	
Type	Boarding <input type="checkbox"/> Distance Boarding <input type="checkbox"/>

