



**St Margaret's College Old Girls' Association
Fees Assistance Scholarship Application Form
CONFIDENTIAL**

Daughter's Full Name: _____

Date of Birth: _____ Day Girl Boarder

Present School: _____

Relationship to descendant of St Margaret's College (please select)

Daughter Granddaughter Great-granddaughter

Descendant's Full Name: _____

Mother's Full Name: _____

Address: _____
 _____ Postcode _____

Occupation: _____ Marital Status: _____

Employer: _____

Length of time with Employer: _____

Telephone (cell): _____ (work): _____

Father's Full Name: _____

Address: _____
 _____ Postcode _____

Occupation: _____ Marital Status: _____

Employer: _____

Length of time with Employer: _____

Telephone (cell): _____ (work): _____

Other Children	Son / Daughter	Son / Daughter	Son / Daughter
First Name:			
Age:			
Present School:			
Future School:			

FINANCIAL INFORMATION

Our/my collective assessable income for tax purposes to 31 March last is \$

Estimation of collective assessable income to 31 March next is \$

Is there any other source of income for education/maintenance of your children? Yes / No

If Yes, please provide details _____

Have you made an approach elsewhere for fees assistance? Yes / No

If Yes, please provide details _____

How long are you requesting assistance for? _____ months

ASSETS:

LIABILITIES:

Cash	\$	Mortgage	\$
Property	\$	Overdraft	\$
Vehicles	\$	Loans	\$
Investments	\$	Hire Purchase	\$
Household Effects	\$	Credit Cards	\$
Life Insurance	\$	Loans on Life Policies	\$
Other	\$	Guarantees	\$
		Other	\$
Total Assets	\$	Total Liabilities	\$

INCOME (Monthly):

EXPENDITURE (Monthly):

Net Salary	\$	Mortgage / Rent	\$
Net Salary Partner	\$	Overdraft	\$
Please provide pay slips		Rates	\$
Interest	\$	Power/Telephone	\$
Dividends	\$	Food	\$
Rental Income	\$	Hire Purchase	\$
Other Income	\$	Credit Card	\$
		Life Insurance	\$
		Clothing	
		Other	
Total Income	\$	Total Expenditure	\$

Contact details for your **Accountant or Lawyer** who can be contacted by the President of the St Margaret's College Old Girls' Association in respect of this application.

Name: _____
Address: _____

Postcode _____
Telephone (cell): _____ (work): _____
Relationship: _____

AUTHORISATION

I understand that this information is to be recorded and will be kept confidential with the St Margaret's College Executive Principal, St Margaret's College Old Girls' Association, General Manager – Business Director and Finance Manager.

Mother's Signature _____ Date: _____

Father's Signature _____ Date: _____

Please explain why you need assistance: _____

Declaration: I / We certify that the above information is true, complete and correct to the best of my/our knowledge.

Mother's Signature _____ Date: _____

Father's Signature _____ Date: _____

All applications must be accompanied by:

1. A letter in support of the application, outlining your relationship with the school and any non-financial information that would assist St Margaret's College Old Girls' Association Scholarship Committee.
2. The most recent **financial statements** for you or your business.

Please send the completed application marked "**Private and Confidential**" no later than **4pm Friday 6 September 2019** to:

**The President
St Margaret's College Old Girls' Association
PO Box 25094, Christchurch 8144**

Email: smcoga@stmargarets.school.nz

This information requested is essential as the St Margaret's College Old Girls' Association is unable to make a decision without it. Results of the application will be communicated as soon as is practicable by St Margaret's College Old Girls' Association.