

ST MATTHEW'S COLLEGIATE SCHOOL OLD GIRLS' "TO THE STARS" GRANT

Application

St Matthew's Old Girls' Association Member Information

Name: _____ Date: _____

Maiden Name: _____

Address: _____
Street Address

_____ *City* _____ *Post Code*

Phone: _____ Email _____

Years at St Matthew's:

From _____ to _____ (inclusive)

Relationship to applicant (please circle) Mother Grandmother Aunt Other (please specify)

Applicant Information

Name: _____ DOB: _____

Current School: _____ Year: _____

Have you applied for any other St Matthew's Collegiate School Scholarships? YES NO

If yes please specify:

Have you applied for any other Secondary Education Scholarships?

YES

NO

If yes, please specify:

Are you eligible for a Government Travel or Boarding Allowance?

YES

NO

If yes, please specify:

Are you accepted into St Matthews Collegiate School as:

Boarder

Daygirl

Rational for Application

St Matthew's Collegiate School Mission Statement

To provide an education which encourages young women to seek excellence in every aspect of their lives – academic, spiritual, cultural, social and sporting.

APPLICANT: Please describe your key motivations and reasons for applying to receive this grant:

For additional space for your answer, please add another page to this application.

OLD GIRL: Please describe why you feel your daughter would be a worthy holder of this grant:

For additional space for your answer, please add another page to this application.

Supporting Documentation

Please attach the following

- School reports/official academic records for the previous two years of schooling.
- A written reference from someone who can provide an in-depth account of the applicant's talents, character and attitude.

Suitable referees might be coaches, teachers, tutors or other authority figures in the applicant's life and extra-curricular activities.

Disclaimer and Signature

In signing this form, you accept the terms and conditions of the St Matthew's Collegiate Old Girls' "To The Stars" Grant and confirm that the information you have provided is correct.

Signature: _____ Date: _____

Please submit your application via email by sending to SMOG@trinityschools.nz, by post using the address below, or drop off a hard copy at the school office.
Please attention the envelope to:

The SMOGA Grant Selection Panel

Address: 33 Pownall Street, Masterton, Wellington 5810, New Zealand

Phone: (06) 370 0067

Email: smog@trinityschools.nz