

ST MATTHEW'S COLLEGIATE SCHOOL OLD GIRLS' "ENDEAVOUR" GRANT

Application

IMPORTANT

Intending applicants should read the Terms and Conditions of the St Matthew's Collegiate School Old Girls' Association (SMOGA) "Endeavour" Grant (The Grant), before completing this form.

Applicants' financial details will be dealt with by the Grant Selection Panel (The Panel) and will remain strictly confidential.

All applicants will be notified regarding the result of their application by The Panel.

Please note that The Grant covers a minimum of \$2,500 per annum of the school's fees. The remainder of the fees are to be paid by the parents/caregivers.

PART 1 – GENERAL

1. Full name of mother who attended St Matthew's.

2. Maiden name.

3. Address and phone number.

4. Years in which mother attended St Matthew's.

From _____ to _____ (inclusive).

5. Full name of daughter for whom The Grant is sought.

6. Daughter's date of birth.

7. Name and email address of school attended by daughter at present.

Present class (year) _____

8. Have either you or your daughter applied for any other grants to attend St Matthew's (please circle). **YES/NO**

If yes, please specify _____

9. Have you any daughters who have attended, or presently attend, St Matthew's? (please circle). **YES/NO**

If yes, please specify _____

10. Will your daughter be a (please circle). **BOARDER/DAYGIRL**

11. Number of other dependent children in family and their ages.

12. Are you eligible for any Government or boarding allowances? (please circle). **YES/NO**

If yes, please specify

13. Circumstances in support of your application:

PART 2 – FINANCIAL

Please provide the following:

Particulars of income for the 12 month period prior to this application.

Occupation and income of Parent/Parents/Guardian(s)

1. First primary caregiver occupation: _____

Total annual gross income \$ _____

2. Second primary caregiver (if applicable) occupation: _____

Total annual gross income \$ _____

3. Third primary caregiver (if applicable) occupation: _____

Total annual gross income \$ _____

4. Does anyone other than the student’s primary caregiver/s provide financial assistance for this student? e.g. Grandparents, beneficiary of a Family Trust (please circle). **YES/NO**

If yes, please indicate who and how much financial assistant the person/people /Trust provide PER MONTH.

\$ _____

5. Was ANY OTHER additional income received by the student’s primary caregiver/s during the last 12 months? (please circle). **YES/NO**

If yes, please list each source of income and total amount received in the last 12 months.

6. Please provide a copy of a pay slip (or equivalent) for each parent/caregiver.

PART 3 – F AMILY NET WORTH

Do you own any property(s)? (please circle) **YES/NO**

Do you rent the property you live in? (please circle) **YES/NO**

If you don't own or rent the property you live in please explain your living circumstances.

Please add the dollar value of all specified assets and debt you have in the table below.
Please fill in every box and write 0 (zero) if the value is 0 (nothing).

ASSETS	VALUE \$	LIABILITIES	BALANCE \$
Cash (including term deposits and funds held in savings accounts).		Total amount owing on any mortgage/s (attached mortgage statement for any property you own).	
Total value of all property owned (including rentals, land and holiday houses) as verified by a Quotable Value (QV) rating or a council rating (RV) (please attached a copy of this).		Total amount owing on cars, boats and/or any recreational vehicles (please attached relevant information).	
Total market value of any business interests.		Total amount owing on student loans (please attach statement of total).	
Total resale value of and vehicles, boats, and/or other recreational vehicles.		Amount owing on credit cards (please attach final statement for last month).	
Total value of any other investments or assets that you may have.		Amount owing on store cards (please attached latest total statement).	
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$

PART 4 - SECONDARY CONSIDERATIONS

1. Distance and location from nearest secondary school.

2. Advantages to child psychologically in attending a smaller / special character school.

3. Have you any other specific reasons for wanting your daughter to attend St Matthew's that should be taken into consideration by The Panel?

4. Are there any other recent changes in your circumstances that you would like The Panel to take into consideration regarding your application?

PART 5 - STATUTORY DECLARATION

(This section **MUST** be handwritten)

This statutory declaration must be witnessed by a solicitor, a Justice of the Peace, a Court Registrar, or other person authorised to take a statutory declaration.

I, _____(full name of primary caregiver)

of, _____(home address)

solemnly and sincerely declare that the information I have provided in this application is true and correct, and I agree to abide by the terms and conditions of the SMOGA “Endeavour” Grant criteria.

I make this declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature _____

Declared at _____(town /city/district)

Date _____

Official witness name, in full _____

Occupation of witness _____

Address of witness _____

Please submit your application via email by sending to SMOG@trinityschools.nz or 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