

# Wellesley College

## Year 7/8 Scholarship Application Form



### Year 7,2018 and Year 8,2019 Scholarship Application

All Wellesley Scholarships are open to new students and are based on the philosophy that the awardee would not normally be able to access the school due to the circumstances they face. This means that awardees may not have the financial ability to fund the fees from any family member or donor who would offer to pay for their attendance at the school.

Scholarships are only open to NZ Citizens and Permanent Residents. Applications open on **Thursday 7<sup>th</sup> September** and close at **2pm on Monday 2<sup>nd</sup> October 2017**. No late applications will be accepted.

Applications must also be accompanied by copies of recent school reports, results and certificates. A copy of your child's NZ Birth Certificate or current passport showing NZ Permanent Residency must be sent with the scholarship application.

The Statement of Financial Position and supporting documents must accompany all Scholarship applications.

Scholarship holders will be expected to participate in the wider life of our school including sports, arts and service, and to represent Wellesley at events and competitions.

Scholarships are reviewed by the School Principal. Cases about concern may be raised and scholarships discussed, with the possibility of withdrawal depending on the circumstances.

All scholarships are awarded on the basis of anonymity and in agreed confidence with parents. A breach of confidence may jeopardise the student's ongoing access to the scholarship.

## Checklist

- ☐ Application form completed
- ☐ Statement of Financial Position completed including supporting documents if applying for Foundation Scholarship
- ☐ Copy of NZ Birth Certificate or current passport showing NZ Permanent Residency
- ☐ Copy of applicant's 2016 and mid-year 2017 school reports
- ☐ Copies of any Specialist Reports (eg Educational Psychologists' reports)
- ☐ Copies of all supporting documents (certificates, awards, etc)
- ☐ A recent photograph

## Completed scholarship applications should be submitted to:

The Registrar of Admissions, Wellesley College  
PO Box 41037  
Eastbourne, Lower Hutt 5047  
[karen@wellesley.school.nz](mailto:karen@wellesley.school.nz)

For any further information please contact the Principal's EA, Karen Reid 562 8030 ext 802

Office use only

Please attach  
photograph of  
applicant here

## SCHOLARSHIP APPLICATION FORM

Legal First Names:	Legal Surname:
Preferred First Name <i>(if applicable)</i> :	
Home Address	
Postal Address <i>(if different)</i> :	
Home Telephone Number	

Date of Birth:	Day	Month	Year
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Name of current school applicant attends:
Prior to an interview, do you as parent/guardian give Wellesley College permission to contact the applicant's school for additional information?

Is the applicant a NZ Citizen	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(If yes, please provide a copy of the NZ Birth Certificate)</i>
Is the student a permanent resident of NZ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>(NZ Permanent Residents must also provide a copy of their Residency Permit with this application)</i>

Which language does the student speak at home?	
What other languages does the student speak?	
Which ethnic group does the student belong to?	
If the child identifies as Maori, please enter the name(s) of his/her Iwi <i>(This information is collected by the Ministry of Education for statistical purposes)</i>	Iwi: Iwi Home Area:

Father <i>(if not father please state relationship, e.g. stepfather)</i> :	
First Names:	Surname:
Home Address:	

Home Telephone Number:	Mobile Number:
Business Telephone Number:	Email Address:
Occupation:	Name of Company:
Industry/Area of Activity:	

Mother <i>(if not mother please state relationship, e.g. stepmother)</i> :	
First Names:	Surname:
Home Address:	

Home Telephone Number:	Mobile Number:
Business Telephone Number:	Email Address:
Occupation:	Name of Company:
Industry/Area of Activity:	

Alternative Emergency Contact Name: <i>(This is essential information and must be a person living in Wellington other than those listed above)</i>	
Relationship to Student:	
Home Telephone Number:	Mobile Number:
Business Telephone Number:	

Parents of the applicant who are past pupils of Wellesley College:	
Name:	House:
Name:	House:

Siblings of the applicant who are current or past pupils of Wellesley College:	
Names:	House:

## Academic Record

Name School	Years attended

## Academic Achievement *(Please ask your current school to complete this section of the application)*

National Standards	Level	Date Reported
Reading		
Writing		
Number and Algebra Geometry and Measurement Statistics and Probability OVERALL		

Please complete the categories below which the student has undertaken

Tests	Level	Raw Score	Stanine	Testing Date
PAT Comprehension				
PAT Listening				
PAT Vocabulary				
PAT Mathematics				
asTTle or e-asTTle Reading				
asTTle or e-asTTle Writing				
asTTle or e-asTTle Numeracy				
Mathematics GloSS				
Mathematics IKAN				
ICAS English				
ICAS Mathematics				
ICAS Other				

**Extra Curricular Information**

Please include copies of certificates or supporting documents demonstrating excellence in the past two years.

Performing Arts Experience and Qualifications
Sports Experience and Qualifications



Leadership and Service Experience

Additional Awards and Achievements

**Student Profile** *(This section should be handwritten by the applicant)*

Why would you like to come to Wellesley

What do you think you can contribute to Wellesley



### What are your plans and aspirations for the future?

[illegible]

# SCHOLARSHIP APPLICATION FORM

Applicant's Name: \_\_\_\_\_

## **Statutory Declaration** *(must be handwritten)*

I \_\_\_\_\_ of \_\_\_\_\_  
(full name of Primary Caregiver) (home address)

solemnly and sincerely declare that the information I have provided in this application is true and correct.

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 \_\_\_\_\_

Address of Witness \_\_\_\_\_

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.

There are penalties under the Crimes Act for providing false information and provision of false information will also result in the termination of the Scholarship and repayment of the Scholarship in full.

Wellesley College reserves the right to audit applications at random, or if any reason is given to suggest information in an application is inaccurate.

**Foundation Scholarship Applications must be accompanied by the completed Statement of Financial Position attached.**

Completed scholarship applications should be submitted to:

The Registrar of Admissions, Wellesley College  
PO Box 41037  
Eastbourne, Lower Hutt 5047  
[karen@wellesley.school.nz](mailto:karen@wellesley.school.nz)

For any further information please contact the Principal's PA, Karen Reid 562 8030 ext 802

Applicant's Name: \_\_\_\_\_

#### Statement of Financial Position for Foundation Scholarship Applicants

##### Family Income

Please declare the total taxable gross income (\*1) earned in the 2014/15 Financial year (\*2) for each primary caregiver, below:

First Caregiver	\$
Second Caregiver (if applicable)	\$
Third Caregiver (if applicable)	
TOTAL	

##### Working for Families Tax Credits

Are Working for Families Tax Credits received in the household(s) where the student lives? **Yes / No**

If yes, as at the most recent assessment(s)(\*3) how much is received each week

\$ \_\_\_\_\_

##### Additional Income

Was any additional income received into the household(s) where the student lives during the 2015/16 Financial Year? **Yes / No**

If yes, list each source of income and the amounts received:

Sources of Income	Income Amount
1	\$
2	\$
3	\$
4	\$

\*1. Attach a 2015/16 Summary of Earnings from Inland Revenue (IRD) for every primary caregiver

\*2. Attach supporting documents if income has reduced significantly for any primary caregivers since the end of the 2015/16 Financial Year

\*3. Attach the most recent Working for Families Assessment Statement(s), if applicable

*Statement of Financial Position for Foundation Scholarship Applicants continued*

**Family Worth**

A person's 'net worth' is the total value of their assets less their total liabilities.

Please declare all assets and liabilities associated with the applicant's primary caregivers either below or provide a Balance Sheet prepared by your Accountant.

(Provide verification documents as outlined in the Application Guidelines)

Assets	Value	Liabilities	Balance
Cash (including term deposits and any funds held in savings account)	\$	Total amount owing on mortgage(s) (*4)	\$
Total value of all property owned as verified by a Quotable Value (QV) rating or a Council Rating Value (RV) (*5)	\$		\$
Total market value of all business interests	\$		\$
Total value of all investments	\$		\$
List any other assets (*6) and their value	\$	List any other debt and its value	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES (*7)	\$
		TOTAL WORTH (Assets less Liabilities)	\$

\*4 Attach the most recent mortgage statement for each property, (if applicable)

\*5 Attach a Quotable Value (QV) Rating or a Council rating Value (RV) for each property owned

\*6 Attach documentation to verify any other Assets

\*7 Attach documentation to verify any other Liabilities