

# Scholarship application

## Year 9 Academic Scholarship



**KING'S**  
COLLEGE

Please note that an administration fee of \$100 must accompany this application.

To pay by credit card please phone Accounts on **09 276 0600**.

Or to pay via bank transfer, please pay into ANZ Bank, Account: Kings College Trustees, **06-0433-0604125-00**.

I/We wish for my son \_\_\_\_\_ to apply for a Year 9 Academic

*Student's full name*

Scholarship at King's College. I/We agree to providing confidential financial information where necessary.

Please save the completed form and email to [scholarships@kingscollege.school.nz](mailto:scholarships@kingscollege.school.nz)

### Family information

#### LEGAL GUARDIAN/PARENT 1

Name

Home address

Postal address

Home phone

Mobile

Work phone

Email address

Signature

Date

#### LEGAL GUARDIAN/PARENT 2

Name

Home address

Postal address

Home phone

Mobile

Work phone

Email address

Signature

Date