

St John's Student Support Fund - Application for Financial Assistance - Applicant to Complete

Application for Financial Assistance

Applicant Information

This declaration is to be completed by each Parent/Guardian of the Student/Dependent.

Please note that full disclosure is required when a family or other Trust exists to which the Student, Student's Guardian(s) or family is a beneficiary.

Financial disclosures must be provided for each Parent/Guardian including when Parents/Guardians are separated.

Name of Student/Dependent for whom funding is being sought *

Name of Applicant(s) (for whom financial information is being supplied) *

Postal Address (to which communications regarding this application can be sent) *

Email Address *

School and Parish Information

Name of School *

Name of Parish/Ministry Unit your family/whānau is involved with *

Name and contact details of person responsible for Parish/Ministry Unit *

Nature of involvement *

Assets

Property Value

\$.

Date of house purchase?

Clear

Date of the last valuation of your house?

Clear

Rateable Value or Registered Valuation?

- Rateable Value
 Registered Valuation

Motor Vehicle Value

\$.

Motor Vehicles Information

Bank Balance

\$.

Please detail the value of any property you own.

Please detail the value of any vehicles you own.

Please detail the make and model of all vehicles owned.

Superannuation/Kiwisaver

Please detail current bank balance.

\$.

What % of your gross income do you contribute to this scheme?

Please detail the latest valuation of your superannuation/kiwisaver.

%

(0 to 100)

Does your employer contribute to your Superannuation/Kiwisaver?

- No
- Yes

If YES what % of your gross income do they contribute?

%

(0 to 100)

Are you able to suspend contributions to this scheme?

- No
- Yes

Investment Fund Name

Investment Value

Please detail all funds in which you hold investments.

\$.

Interest Rate

%

(0 to 100)

Investment Fund Name

Investment Value

\$.

Interest Rate

%

(0 to 100)

Investment Fund Name

Investment Value

Please provide details of investment including fund names and interest rates.

\$.

Interest Rate

%

(0 to 100)

Other Assets

\$ [] . []

Other Assets Information

Please detail total value of any other assets you hold.

[]

Total Assets

Please details any other assets you may hold.

\$ [] . []

Liabilities

Mortgage Owed

\$ [] . []

Years Until Termination of Mortgage

Please detail the current balance of any mortgage you hold.

[]

Current Mortgage Interest Rate (%)

[] %

(0 to 100)

Credit Cards

\$ [] . []

Hire Purchase/Consumer Credit

Please detail any credit card debt.

\$ [] . []

Hire Purchase/Consumer Credit Lender

Please provide total value of any hire purchase or consumer credit commitments you have.

[]

Assets Purchased

[]

Months until Repayment Complete

[]

Hire Purchase/Consumer Credit

\$ [] . []

Hire Purchase/Consumer Credit Lender

Please provide total value of any hire purchase or consumer credit commitments you have.

[]

Assets Purchased

Months until Repayment Complete

Bank Overdraft

\$.

Please detail any bank overdrafts owed.

Student Loans

\$.

Please detail the total value of any student loans owed.

Student Loans Interest Rates *

%

(0 to 100)

Years Until Repayment of Student Loan

Other Loans/Liabilities

\$.

Please detail total value of any other loans or liabilities you have.

Other Loans/Liabilities Information

Total Liabilities

Please detail any other loans payable including who the loan is payable to and the interest rate.

\$.

Income

Monthly Salary/Wages

\$.

Please provide details of any monthly salary/wages you receive.

Annual Salary/Wages

\$.

Please provide details of total annual salary/wages you receive.

Salary & Wages Information

Monthly Superannuation/Kiwisaver

Please include details of your employment including Employer and role.

\$.

Annual Superannuation/Kiwisaver

Please provide details of any monthly superannuation/kiwisaver you receive.

\$.

Monthly Government Family Assistance

Please provide details of total annual superannuation/kiwisaver you receive.

\$.

Annual Government Family Assistance

Please provide details of any monthly government family assistance you receive.

\$.

Government Family Assistance Information

Please provide details of total annual government family assistance you receive.

Monthly Partner or Family Assistance

Please provide details of any income you receive from Government Family Assistance.

\$.

Annual Partner or Family Assistance

Please provide details of any monthly partner/family assistance you receive.

\$.

Monthly Interest Dividends

Please provide details of total annual partner/family assistance you receive.

\$.

Annual Interest Dividends

Please provide details of any monthly interest dividends you receive.

\$.

Monthly Scholarships/Grants

Please provide details of total annual interest dividends you receive.

\$.

Annual Scholarships/Grants

Please provide details of any monthly scholarships/grant you receive.

\$.

Please provide details of total annual scholarships/grants you receive.

Scholarships/Grants Information

Monthly Other Income

Please provide details of any income you receive from any other scholarships or grants, including name of provider.

\$.

Annual Other Income

Please provide details of any monthly miscellaneous income you receive.

\$.

Other Income Information

Please provide details of total annual miscellaneous income you receive.

Total Income Monthly

Please provide details of any income you receive from other sources.

\$.

Total Income Annually

\$.

Please advise the period to which your analysis of income relates

From Date

Clear

To Date

Clear

Expenditure

Monthly Education Costs

\$.

Please provide details of any monthly education costs including school fees, books and materials, uniforms, subscriptions and any other education related costs.

Annual Education Costs

\$.

Please provide details of total annual education costs including school fees, books and materials, uniforms, subscriptions and any other education related costs.

Education Costs Information

Monthly Clothing Costs

Please detail all students names and ages for whom you pay for education costs.

\$.

Annual Clothing Costs

Please provide details of any monthly clothing costs you have.

\$.

Clothing Information

Please provide details of total annual clothing costs you have.

Monthly Electricity & Gas Costs

Please detail all dependents/students names and ages for whom you supply clothing.

\$.

Annual Electricity & Gas Costs

Please provide details of any monthly electricity and gas (if applicable) costs you have.

\$.

Monthly Food & Groceries Costs

Please provide details of total annual electricity and gas (if applicable) costs you have.

\$.

Annual Food & Groceries Costs

Please provide details of any monthly food and grocery costs you have.

\$.

Monthly Hire Purchase Payments

Please provide details of total annual food and grocery costs you have.

\$.

Annual Hire Purchase Payments

Please provide details of any monthly hire purchase/consumer credit commitments you have.

\$.

Hire Purchase Information

Please provide details of total annual hire purchase/consumer credit commitments you have.

Please detail all hire purchase/consumer credit commitments you have, including item purchased, total balance owing and time until termination.

Monthly Insurance Costs - Home/Contents/Life/Car/Personal

\$ [] . []

Annual Insurance Costs - Home/Contents/Life/Car/Personal

\$ [] . []

Insurance Information

[]

Please provide details of any monthly insurance costs you have.

Please provide details of total annual insurance costs you have.

Monthly Medical Costs

\$ [] . []

Annual Medical Costs

\$ [] . []

Monthly Mortgage/Rent Costs

\$ [] . []

Annual Mortgage/Rent Costs

\$ [] . []

Monthly PAYE Costs

\$ [] . []

Annual PAYE Costs

\$ [] . []

Monthly Phone Costs

\$ [] . []

Annual Phone Costs

\$ [] . []

Monthly Council Rates

\$ [] . []

Annual Council Rates

\$ [] . []

Monthly Superannuation/Kiwisaver Payments

\$ [] . []

Annual Superannuation/Kiwisaver Payments

\$ [] . []

Please detail types of insurance you hold.

Please provide details of any monthly medical costs you have.

Please provide details of total annual medical costs you have.

Please provide details of any monthly mortgage or rent costs you have.

Please provide details of total annual mortgage or rent costs you have.

Please provide details of any monthly PAYE costs you have.

Please provide details of total annual PAYE costs you have.

Please provide details of any monthly phone costs you have.

Please provide details of total annual phone costs you have.

Please provide details of any monthly council rates you have.

Please provide details of total annual council rates you have.

Please provide details of any monthly superannuation/kiwisaver payments you have.

Please provide details of total annual superannuation/kiwisaver payments you make.

Monthly Transport Costs

\$.

Annual Transport Costs

Please provide details of any monthly transport costs you have.

\$.

Monthly Vehicle Maintenance Costs

Please provide details of total annual transport costs you have.

\$.

Annual Vehicle Maintenance Costs

Please provide details of any monthly vehicle maintenance costs you have.

\$.

Monthly Water Rates

Please provide details of total annual vehicle maintenance costs you have.

\$.

Annual Water Rates

Please provide details of any monthly water rates you have.

\$.

Monthly Other Costs

Please provide details of total annual water rates you have.

\$.

Annual Other Costs

Please provide details of any monthly miscellaneous costs you have.

\$.

Total Liabilities Monthly

Please provide details of total annual miscellaneous costs you have.

\$.

Total Liabilities Annually

\$.

Please advise the period to which your analysis of expenditure relates

From Date

Clear

To Date

Clear

Other Information

Please provide other information that you consider is relevant to this application

Please attach any other information that you consider is relevant to this application

Select File No file selected

Maximum File Size: 10MB

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Declaration

First Name *

Last Name *

I confirm and certify that the above information is a true and correct record of the family's financial position. *

Yes

Date *

Clear

St John's Student Support Fund - Application for Financial Assistance - School to Complete

School

School Details

School Name *

School Address *

Student Name *

Student Year at School *

Student Date of Birth *

Clear

Student Background Information

Family

Education Potential

Other Relevant Information

Other Relevant Information

Select File No file selected
Maximum File Size: 10MB
No file attached

School Information

Term Fees and Disbursements *

\$.

Annual Fees and Disbursements *

\$.

Please provide details:

Financial assistance currently being provided by School *

\$.

Please provide details:

Please indicate whether Parent(s)/Guardian(s) of the Applicant are aware of the support the School is prepared to provide. *

- No
 Yes

Assistance requested per annum *

\$.

Declaration

We have carefully assessed the ability of the parent(s)/guardian(s) to pay the required fees to the school and have concluded, following discussions with the parent(s)/guardian(s), that if the funds are not available then the student will be forced to change schools at a crucial time in the student's education and therefore to the detriment of the student. *

Chaplain

Principal

Chaplain First Name *

Chaplain Last Name *

Please attach a written reference from the Chaplain of the School/Kura *

Select File No file selected

Maximum File Size: 10MB

No file attached

Principal First Name *

Principal Last Name *

Please attach a written reference from the Principal of the School/Kura

Select File No file selected

Maximum File Size: 10MB

No file attached

Date *

Clear