



FINANCIAL DISCLOSURE STATEMENT
FOR NGA TAWA OLD GIRLS' BOARDING SCHOLARSHIP APPLICATIONS

FAMILY INCOME

Employment

Please indicate for each primary caregiver whether they are employed, self employed or unemployed

First Primary Caregiver: Employed Self-Employed Unemployed

If you ticked 'Self-Employed' please provide details of the business below and attach your financial statements

Second Primary Caregiver: Employed Self-Employed Unemployed

If you ticked 'Self-Employed' please provide details of the business below and attach your financial statements

Income (in New Zealand dollars)

Please declare the total gross income earned in the most recent financial year for each primary caregiver. Please provide a copy of your income tax summary from Inland Revenue for the most recent tax year

First Primary Caregiver:	\$.
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Second Primary Caregiver:	\$.
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TOTAL:	\$.
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Additional Income

Does anyone other than the student's primary caregivers provide financial assistance for this student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If yes, please indicate who e.g. Grandparents, Family/Whanau etc

Amount contributed:	\$.
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FAMILY NET WORTH (In New Zealand dollars)

Please note that if you share ownership of a property, the full value of the property must still be declared unless you have legal verification that shows proportionate ownership

Do you own any property? Shares? Investments? Assets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you rent the property you live in?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If you don't own or rent the property you live in, please explain your living circumstances below

Please add the dollar value of all specified assets and debt that you have below. Please complete every box and write 'nil' if the value is nothing

Assets	Value
Total value of all property owned (Quotable Rating (QV) or Council Rating Value (RV))	\$.
Total value of other	\$.
	\$.
Liabilities	Balance
Total amount owing on any mortgage (s)	\$.
Total amount owing on any other loans	\$.
Total Liabilities	\$.

TRUSTS

Is the student and/or any of the student's primary caregivers beneficiaries of any trusts?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, how many trusts?	
Total income received from the Trust(s) during the most recent financial year?	\$.

ANY OTHER INFORMATION

Please provide any other financial information that is relevant to this application

DECLARATION

I/we declare that the information provided in this full financial disclosure is true and correct.

Student Name: _____

Caregiver Name: _____ **Signature:** _____ **Date:** _____

Caregiver Name: _____ **Signature:** _____ **Date:** _____

Please note:

- Further evidence may be required
- Accurate information is required if the scholarship is to continue
- This will be treated confidentially and will be retained, as required, then destroyed. It is the property of the Principal, Bursar, and Board.