

# Scholarship application

## William Thode Memorial Scholarship



I/We wish for my son

*Student's full name*

to apply for the William

Thode Memorial 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)

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### 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