

# Scholarship application

## James Webster Memorial Scholarship



I/We wish for my son/daughter *Student's full name* to apply for the James Webster 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)

### 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