



ENDEAVOUR SCHOLARSHIP Application Form for Entry to Year 7, 2025

Scholarships are open to New Zealand Citizens and Residents of Maori or Pasifika descent who are active in their culture. This Scholarship is tenable for years 7 – 8 at King's School, followed by years 9 – 13 at King's College; covering all tuition and associated fees (please note King's College Boarding Fees are not included in this scholarship).

Applications Close: Friday 10 May 2024
Testing Will Be Held: Tuesday 14 May 2024

Applicant

Family Name:(please print)	Given Names:(please underline name your son is known by) Nationality:		
Date of Birth:			
Ethnicity:			
If NZ Maori, please state Iwi:			
Religious Denomination:	_ Church applicant belongs to:		
Home Address:			
Suburb:	Post Code:		
Current School:			
ease list any connections applicant has with King's	School (e.g. a family member who is a current or previous student)		
Name:	Years Attended: Connection:		
Name:	Years Attended: Connection:		
rents / Guardians			
Dr / Mr / Mrs / Ms / Miss (circle as appropriate)	Dr / Mr / Mrs / Ms / Miss (circle as appropriate)		
Relationship to Child:	Relationship to Child:		
Surname:	Surname:		
Given Name:	Given Name:		
Home address (if different from above):	Home address (if different from above):		
Home Phone:	Home Phone:		
Mobile Phone:	Mobile Phone:		
Email:	Email:		
Occupation:	Occupation:		
Business Name:	Business Name:		
During the week, child lives with Both Pa	arents Shared Other (circle as appropriate)		
If other, please specify name and relationship _			

Please outline your son's interests and achievements (use separate sheet if necessary)				
What do you believe	your son would contribute to King's Sc	chool, should he attend	? (use separate sheet if necessary)	
	sked to submit a one-page statement es he would contribute to the Schoo		self, why he wishes to attend King's School	
	ees who will support your son's applicat le family friends, business associates, your s		out must not be related to your son).	
	Referee One		Referee Two	
Name		Name		
Phone Number		Phone Number		
A al alua a a		A d d = 0 = 0		
Address		Address		
Occupation		Occupation		
Connection to Applicant		Connection to Applicant		
Please include the fo	ollowing with your son's application (tick	each hoy to indicate com	onletion)	
☐ Completed Appli		each box to indicate con	pietori)	
☐ Applicant's person				
	te's most recent School Report			
	•	nce of New Zealand C	itizenship or Residency	
 Copy of Birth Certificate and/or Passport showing evidence of New Zealand Citizenship or Residency A recent passport-sized photograph of applicant 				
☐ We have given the	he Confidential Report to our current so form to be returned directly to King's School			
SIGNATURE OF Paren	t/Guardian:		DATE:	
SIGNATURE OF Paren	t/Guardian:		DATE:	

Applications close Friday 10 May 2024 Assessments held Tuesday 14 May 2024

Please Return Completed Application To: King's School Admissions Manager, Emma Macedra via email: e.macedra@kings.school.nz