

AUCKLAND COMMON FUND LIMITED

Attendance Dues Sponsorship Scheme – Application

PRIVATE AND CONFIDENTIAL

Eldest Student's Full Name: _____

Year Level _____

School Attending _____

Date of Birth _____

Other Siblings at same school _____

Father's Name _____

Father's Occupation _____

Father's Salary or Wages _____

Mother's Name _____

Mother's Occupation _____

Mother's Salary or Wages _____

WINZ Support Yes / No **In Work Allowance \$** _____

Names & age of other Children in Family attending other Catholic Schools:

Special Circumstances which contribute to your application for assistance

Amount you believe you could contribute to Attendance Dues each Week/Month:

Attendance Dues \$ _____

Automatic Payment Form in place for \$ _____

I declare that the information provided by me is true and correct. I will accept the decision of the Auckland Common Fund Limited as final regarding this application. I understand that scholarships are only granted for the year of application and that I must re-apply if I require the scholarship again after that year has elapsed

I agree to put in place an automatic payment as indicated above.

I agree to keep this agreement confidential.

Name _____ Date _____

Signature _____

Please complete your contact details below:		
Postal Address:		

Phone (Daytime)	Evening	Mobile
_____	_____	_____

**All questions regarding this application should be directed to:
Niki Vernon
Revenue Manager
Auckland Common Fund Limited
Private Bag 47-904
Ponsonby, Auckland 1144
Ph (09)360-3058
nicolav@cda.org.nz**