



# DingwallTrust

a community of care

## Application for Boarding School Scholarship

### Child/Young Person's Details

Child/Young Person's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Ethnic Origin: \_\_\_\_\_ Language of Choice: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current/Last School \_\_\_\_\_

Class/Year Level: \_\_\_\_\_ Date last attended: \_\_\_\_\_

### Preferred Boarding School and starting date:

\_\_\_\_\_

### Name(s) of person(s) with Responsibility (Guardianship) for the child/young person.

*(Should include person making this application)*

\_\_\_\_\_

Relationship: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Home)* *(Home)*

\_\_\_\_\_  
*(Business)* *(Business)*

\_\_\_\_\_  
*(Mobile)* *(Mobile)*

\_\_\_\_\_  
*(e-mail)* *(e-mail)*

Is there a CY&F Status Yes No

If so what orders? \_\_\_\_\_

**Please Summarise Reasons Scholarship is Needed**

*(Parent / Guardian):*

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Specific Needs of the Child/Young Person

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Child/Young Person's Strengths and Abilities

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**Key Results Expected**

Short term goals

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Long term goals

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**What will this scholarship mean to your family?**

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## Boarding School Scholarship Application

### Education Profile *(2 pages to be filled in by school staff)*

The Principal

\_\_\_\_\_ School

Could you please supply the requested information to Dingwall Trust, for

\_\_\_\_\_, D.O.B.: \_\_\_\_\_,

in respect of their application for a Dingwall Trust Boarding School Scholarship. To help us to make the best decisions for this young person, please provide as much detail as possible.

I consent to the release of this information to Dingwall Trust.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Parent/Guardian*

Signature: \_\_\_\_\_

School Contact Person: Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Year Level: \_\_\_\_\_

If not currently attending, date last attended: \_\_\_\_\_

### Current School Difficulties:

\_\_\_\_\_  
\_\_\_\_\_

### Current School Interventions: *(tick box)*

- |  |   |
|--|---|
| <input type="checkbox"/> Specialist Education Services | <input type="checkbox"/> Behaviour Initiative                 |
| <input type="checkbox"/> Truancy Initiative Officer    | <input type="checkbox"/> Teacher Aide Hours – How many? _____ |
| <input type="checkbox"/> RTLB                          | <input type="checkbox"/> Other _____                          |

**In School Remedial Programmes:** \_\_\_\_\_

\_\_\_\_\_

**Outside Agencies Involved:** \_\_\_\_\_

\_\_\_\_\_

**Previous Interventions:** *e.g. Health Camp, Westbridge, Waimokoia, Remedial Reading Programmes etc. (intervention used and year)*

\_\_\_\_\_

**Current Academic Assessment:** *(give results of any standardised or other tests, e.g. PAT, Burt, Informal Prose etc.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Student Strengths:** *(please list all areas in which the student excels and any awards given for these.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### **Supporting Documentation**

Please attach to this profile copies of any other supporting letters / statements you consider relevant to this application.

Person completing form:

Signed: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

**On completion please fax to Dingwall Trust on 09 279 4092**

#### **The Dingwall Trust**

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