

Auckland Common Fund Ltd

Attendance Dues Sponsorship Scheme Application

PRIVATE AND CONFIDENTIAL

Mother's Name:

Occupation:

Address:

Employer:

Email:

Phone Numbers (H)..... (W).....

(M).....

Father's Name:

Occupation:

Address:

Employer:

Email:

Phone Numbers (H)..... (W).....

(M).....

Student's Name

School

Year

***Preference Card_(yes/no)**

Student's Name	School	Year	*Preference Card _(yes/no)

**Preference student: Students who are recognised as having the required religious connection with the school, and therefore have preference enrolment.*

Other dependent children in family

Name

Age

School / University

Year Level

Name	Age	School / University	Year Level

Weekly Household Income:

Please list separately all sources of income:

Mothers salary or wages:

Fathers salary or wages:

Weekly Benefit received:

Benefit type:

In work family allowance:

Other income:

Total Weekly Income:

Weekly Household Expenses:

Please list separately all expenses:

Rent / Mortgage repayments:

Hire Purchase or other loan repayments:

Other weekly commitments and expenses:
(eg. Food, Power, Phone, Petrol etc)

Total Weekly Expenses:

Please explain the circumstances which contribute to this application for assistance:
continue on a separate sheet if necessary.

Please attach an up to date copy of each child's school dues account. You may need to request this from the schools concerned. Number of accounts attached to this application: _____

Please indicate how much you are currently paying towards each school's fees and how you make the payment
ie: weekly automatic payment and amount or monthly cash / cheque direct to the school.

School	Amount
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Note: Sponsorship is not available to non-preference students

Declaration:

I declare that the information provided on this application is true and correct. I agree to keep this application confidential and that the decision of Auckland Common Fund Limited regarding this application is final. I understand that the Sponsorship Scheme can only assist with the Attendance Dues component of the school fees accounts.

I agree to put an automatic payment in place if requested to by Auckland Common Fund Limited.

Full Name:

Signature:

Date:

Please return this form and accompanying documents to:

**Auckland Common Fund Ltd Sponsorship Scheme
Private Bag 47-904
Ponsonby
Auckland 1144**

Or email to: acfl@cda.org.nz

Office Use Only

Application Number:

Date Application Received:

Approved

Declined