

Diocesan School for Girls Buchanan Foundation Scholarship

ABOUT THE SCHOLARSHIP

The Buchanan Foundation Scholarship is awarded annually to a student entering Year 7 who is new to Diocesan School for Girls. The scholarship provides a 100% full fees scholarship from Years 7-13.

The purpose of the scholarship is to give an opportunity to a student to 'be more than they ever imagined', who without this scholarship would not be able to attend Diocesan due to significant financial hardship.

The successful candidate will demonstrate a positive attitude to school life, exemplary behaviour, the determination to succeed academically, participation in co-curricular activities and a desire to achieve their full potential.

It is expected that the recipient of this scholarship will complete their education at Diocesan. The scholarship is not transferrable to another independent school.

SCHOLARSHIP ENTITLEMENTS

- The Buchanan Foundation Scholarship provides 100% tuition fees including co-curricular activities from Year 7 -13 at Diocesan.
- On starting at Diocesan, a school laptop will be provided, as well as a grant towards the initial school uniform purchase.

PREREQUISITES

- The applicant's parents/caregivers will be required to demonstrate evidence of significant financial hardship by completing the Statement of Financial position.
- To be eligible for this scholarship your household income needs to be less than \$100,000 per annum.
- The family must demonstrate a high level of engagement, and show strong family support for the student.

SELECTION PROCESS

- Following a thorough review of the applications, candidates will be shortlisted on the basis of the financial position of their family, their written application, their academic record and their video submission.
- Selected students will be invited to attend an interview with the Principal and the Head of Senior School in Term 1-2026.
- Following the interviews, the successful applicant will be notified by the Director of Admissions and sent their official offer letter and enrolment documentation.

Diocesan School for Girls

Buchanan Foundation Scholarship

STUDENT INFORMATION	
First Names	Surname
Preferred Name	Date of Birth
Current School	Present Year Level

FAMILY INFORMATION	
Parent 1/Guardian	Parent 2/Guardian
Relationship to Student	Relationship to Student
Title	Title
Surname	Surname
First Name	First Name
Preferred Name	Preferred Name

Home address	Home address
Suburb	Suburb
City	City
Postcode	Postcode

Phone	Phone
Email	Email
Occupation	Occupation
Business Name	Business Name

LINKS TO DIOCESAN SCHOOL FOR GIRLS
<p>Please outline any connections you or extended family have to Diocesan, if any?</p>

Be more than you ever imagined

ABOUT YOU

We'd love to get to know you a little better! Please record a short, two-minute video on a mobile phone telling us why you'd like to come to Dio.

In your video, share what excites you about the opportunity, what you hope to gain from the experience, and what you're most looking forward to if you're selected.

Keep it simple and genuine - we just want to hear from you in your own words.

FROM THE FAMILY

We'd love to hear from you. Please share a letter of support describing what this scholarship would mean for your family, what you hope your daughter would achieve and the benefits you see by her attending Dio.

It's important for us to know that she has your full support to attend Dio and be fully involved in all aspects of school life.

REFERENCES

Please provide two written references from people who know your daughter well, such as a Principal, teacher, coach, church leader, or family friend.

Each reference should briefly describe her character, strengths, and involvement, and include the referee's name, role, and contact details.

STUDENT INFORMATION FROM CURRENT SCHOOL FORM

Please ask your teacher to complete this form. You'll find a copy included in this application.

Student Information from Current School

Student Name		School		Current Year Level	
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ACADEMIC ACHIEVEMENT					
	Curriculum Level	Below Average	At	Above Average	Date
Reading		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Mathematics		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Assessments		Stanine		Date of Testing	
PAT Reading Comprehension					
PAT Listening					
PAT Maths					
Any other assessment results:					
Social Development		Not Yet	Usually	Consistently	
Relates well to peers		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Shows resilience		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Displays consistent effort		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has exemplary behaviour		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has the student ever received Learning Support or tutoring?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment:					
Does the student have any medical or psychological reports?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Comment:					
Has the student ever received any ESOL language support?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student ever received any ESOL funding support?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has the student been involved with any Gifted and Talented Programmes?				<input type="checkbox"/> Yes	<input type="checkbox"/> No
				Attendance	%
Any other comments:					
Teacher's name:				Date:	

Statement of Financial Position

Note: All information collected is treated in the strictest of confidence.

FAMILY INCOME (in New Zealand Dollars)

Employment

1. Please indicate for each primary caregiver whether they are employed, self employed or unemployed:

1a. First primary caregiver:	Employed	Self Employed	Unemployed
Employer:	Position:		
1b. If you ticked 'Self Employed' , please provide details of the business and attach your last financial year statements.			

2a. Second primary caregiver:	Employed	Self Employed	Unemployed
Employer:	Position:		
2b. If you ticked 'Self Employed' , please provide details of the business and attach your last financial year statements.			

3a. Third primary caregiver:	Employed	Self Employed	Unemployed
Employer:	Position:		
3b. If you ticked 'Self Employed' , please provide details of the business and attach your last financial year statements.			

Last financial year income – Please declare the total gross income earned in the last financial year (1 April – 31 March) for each primary caregiver. **This does not include Working For Families tax credits.**

4. First primary caregiver:	\$
5. Second primary caregiver (if applicable):	\$
6. Third primary caregiver (if applicable):	\$
TOTAL:	\$

If requested, applicants should be able to furnish evidence to corroborate the information provided.

FAMILY INCOME Continued

Reduced or increased household income since 31 March

7. Has your total household income reduced, increased, or stayed approximately the same since the end of the last financial year (31 March)?

☐ Reduced ☐ Increased ☐ Stayed the same

8. If you ticked '**Stayed the Same**', please move to **Question 9**.

8b. If you ticked '**Reduced**', please explain why, in the box to the right.

8c. If you ticked '**Increased**', please explain why, in the box to the right.

8d. Please indicate what your reduced or increased total household income is now and provide verification of this.

8e. If you ticked '**Reduced**' in **Question 7**, do you anticipate that your household income will return to its original level in the coming year? For example, if you have just left your current employment, do you intend on working at the same level in the next year?

☐ Yes

☐ No

8f. If you answered **Question 8e**, please explain why. Otherwise, go to **Question 9**.

Additional Income

9. Does anyone other than the student's primary caregivers provide financial assistance for this student?

☐ Yes

☐ No

9a. If yes, please indicate who by ticking **all** that apply. If **no**, go to **Question 10**.

☐ Father ☐ Mother ☐ Grandparents ☐ Other (please state)

10. Please explain:

10a. The type(s) of financial assistance that is provided, for example, compulsory child support or voluntary payments etc

10b. How much financial assistance the stated person/people provide **per week**.

11. Was **any other** additional income received by the student's primary caregiver(s) during the last financial year other than that already mentioned, above?

☐ Yes

☐ No

11a. If yes, please list each source of income, and the total amount received during the last financial year.

Source(s) of Income:

Total
income
amount(s)

\$

\$

\$

FAMILY NET WORTH (In New Zealand Dollars)**12.** Do you own any property?

Please note that if you share ownership of a property, the **full value** of the property must still be declared (in **Question 14**) unless you have legal verification that shows proportionate ownership.

☐ Yes☐ No**12a.** If no, please move to **Question 13**.

If **yes**, please indicate how many properties you own in the box to the right.

12b. Please explain what each property is used for.**13.** Do you rent the property you live in?☐ Yes☐ No

14. Please add the dollar value of all specified assets and debt that you have in the table below. Please fill in **every box** and write '0' (zero) if the value is 0 (nothing).

Assets	Value	Liabilities	Value
14a. Cash (including term deposits and funds held in savings accounts)	\$	14f. Total amount owing on any mortgage(s)	\$
14b. Total value of all property owned as verified by a Quotable Value (QV) rating or a Council Rating Value (RV)	\$	14g. Total amount owing on cars, boats, and/or any recreational vehicles	\$
14c. Total market value of any business interests	\$	14h. Total amount owing on student loans	\$
14d. Total resale value of vehicles, boats and/or other recreational vehicles	\$	14i. Amount owing on credit card(s)	\$
14e. Total value of investments	\$	14j. Amount owing on store card(s)	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$

TRUSTS

If the student and/or their caregivers are beneficiaries of any Trusts, this may affect eligibility for this scholarship. However, this criterion can be waived if the applicant makes an acceptable case for doing so. For example; if a student is a beneficiary of a Trust but will never receive more than \$100 for school books per year from the Trust, the criterion can be waived. But, for example, if the student and/or caregiver is a beneficiary of a Family Trust, and there is a property in the trust with a current net worth value exceeding the \$200,000 net worth eligibility threshold, the criterion would not be waived.

15. Is the student and/or any of the student's primary caregivers beneficiaries of any trusts?☐ Yes☐ No

If **no**, please move to Statutory Declaration. If **yes**, please describe (below):

15a. How many Trusts**15b.** What type of Trust(s) these are?**15c.** The total value of any assets in the Trust(s).**15d.** The total income received from the Trust during the last financial year.

STATUTORY DECLARATION (to be handwritten)

I/We,

full name of primary caregiver(s)

of,

home address(es)

solemnly and sincerely declare that the information I/we have provided in this application is true and correct.

I/We make this declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Signature(s):

Declared at:

town/city/district

Date:

Official witness name, in full:

Signature of witness:

Occupation of witness:

Address of witness:

This statutory declaration must be witnessed by a Solicitor, a Justice of the Peace, a Court Registrar, or other person authorised to take a statutory declaration.

There are penalties under the Crimes Act for providing false information and provision of false information will also result in the termination of the Bursary.

PRIVACY STATEMENT

As per the Privacy Act 2020, this information is being gathered for the purpose of assessing and administering your scholarship application.

If your daughter is successful in being awarded a scholarship and is enrolled at the School, this information will also be used to maintain contact with parents and caregivers; facilitate the education and pastoral care of the student and provide for their health, safety and welfare.

Access will be limited to those staff who require the information to carry out specific activities or administrative needs. It will be stored securely online to prevent unauthorised access and will not be kept for longer than needed for our lawful purposes.

If your daughter is unsuccessful in being awarded a scholarship, this information will be deleted.

TIMELINE FOR SCHOLARSHIPS

- Applications for scholarships open on Wednesday, 14 January 2026 and close on Wednesday, 18 February 2026 at midday.
- No late applications will be accepted.
- All applicants are welcome to attend our Open Day on Saturday, 7 March 2026 from 10am to 12 midday.
- Following the review of the applications by our Senior Team, selected applicants will be invited in for an interview in March. Date to be advised.
- All applicants will be notified of the outcome of their application by Thursday, 2 April 2026.
- Please note that all decisions are final.
- Due to the overwhelming interest in scholarships to attend Diocesan School for Girls we are unable to give individual feedback on applications.

CHECKLIST

Please ensure you complete all of the following:

- ☐ Scholarship application form completed
- ☐ A recent photo
- ☐ Copy of NZ birth certificate or passport
- ☐ For students not born in NZ a copy of their passport with Permanent Resident visa
- ☐ Copy of the student's two most recent 2025 school reports
- ☐ Copy of any educational assessments, for example, an Educational Psychologist report
- ☐ A letter from the family
- ☐ Two written references
- ☐ Student Information from current school form completed
- ☐ Copies of any school, sports or arts certificates or awards
- ☐ Statement of Financial position completed
- ☐ Upload your Video
- ☐ A registration fee of \$25 is payable by direct transfer to 03-0195-0013812-00. Please use your daughter's name as a reference and Buchanan.

PLEASE UPLOAD THE COMPLETED SCHOLARSHIP APPLICATION FORM AND SUPPORTING DOCUMENTATION BY WEDNESDAY 18 FEBRUARY 2026

[Click here to upload](#)