

DECLARATION

I/we declare that the information provided in this full financial disclosure is true and correct.

Student Name: _____

Caregiver Name: _____ **Signature:** _____ **Date:** _____

Caregiver Name: _____ **Signature:** _____ **Date:** _____

Please note:

- Further evidence may be required
- Accurate information is required if the scholarship is to continue
- This will be treated confidentially and will be retained, as required, then destroyed. It is the property of the Headmaster, Bursar, and Board.