

FAITHACTS BURSARY AWARDS 2026 APPLICATION FORM



Please send application form to:

The Chairperson
FaithActs Bursary Awards Committee
FaithActs
Block 50 Commonwealth Drive #01-506
Singapore 142050

For official use only:	
Date Received:	2025
Application No.:	BA /2026

Deadline: By 22 August 2025 (Fri), 6pm

INSTRUCTIONS / IMPORTANT INFORMATION

1. Please read the enclosed **Important Information** carefully before you fill up this form.
2. Please enclose photocopies of **ALL** the following supporting documents:
 - a) Applicant's birth certificate / NRIC (both sides)
 - b) Applicant's latest academic results slip (mid-year 2025 and year-end 2024)
 - c) Parent's / Guardian's NRIC (both sides)
 - d) Latest CPF statements (transaction history of last 6 months) or pay slips or income tax returns or employment letters of parent(s) / guardian and other working family members
 - e) Self-declared letter of income from housewives, odd-job workers and the unemployed
 - f) Parent's divorce, separation certificate or death certificate, if any
 - g) Medical report of applicant or any family member who has a chronic or serious medical condition
3. Application that is submitted after the deadline, incomplete or without all the supporting documents will not be processed. **Only one award is given per family.**
4. Successful applicants will be notified by **1st week of November 2025**. In addition,
 - a) the successful applicant **must attend** the presentation ceremony in November 2025 to receive the award in person; details will be sent in the notification letter.
 - b) The successful applicant **must produce** a medical certificate or letter of excuse duly signed by his/her parent if he/she is unable to attend the presentation ceremony; the FaithActs Bursary Awards Committee reserves the right to withdraw the approval.
5. Approved award will be issued in the form of a crossed cheque in the name of the successful applicant. Please ensure that the cheque is credited to the correct bank account.
 - a) No cash or cash cheques will be issued in replacement of the crossed cheque
 - b) Cheques that have expired will not be reissued. The cheque will be valid for 6 months.
 - c) The crossed cheque can only be banked into an account/joint account bearing the name of the successful applicant. Please open an account if you do not have an existing account.

EDUCATIONAL LEVEL <i>(Please tick)</i>		
<input type="checkbox"/> Primary	<input type="checkbox"/> Secondary	<input type="checkbox"/> Junior College (JC)
<input type="checkbox"/> Polytechnic	<input type="checkbox"/> Institute of Technical Education (ITE)	

APPLICANT'S PARTICULARS		
Name (as in BC / NRIC)		Recent Passport Size Photograph (may email photo to info@faithacts.org.sg Please indicate name and school clearly,)
Address		
Colour of NRIC <input type="checkbox"/> Pink <input type="checkbox"/> Blue	Mobile No. (* self / parent) : Home no. : Email Address (* self / parent) :	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
BC / NRIC No.	Nationality	Date of Birth / Age
Religion		Race
Name of current School/Institution	Tick level in 2025:	
	Primary: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	
	Secondary: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	
	Nitec: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Higher Nitec: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
	Junior College: <input type="checkbox"/> 1 <input type="checkbox"/> 2	
Polytechnic: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3		
Have you received our bursary before? <input type="checkbox"/> Yes; year _____ <input type="checkbox"/> No		Any siblings applying for the same Bursary Awards? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have you participated in any FaithActs programme(s) before? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please indicate the programme(s): _____

PARTICULARS OF FAMILY MEMBERS <i>(please attach a separate list if applicable)</i>					
Name	Relationship	NRIC No.	Date of Birth	Occupation	Gross Monthly Income

PARTICULARS OF FAMILY MEMBERS (please attach a separate list if applicable)					
Name	Relationship	NRIC No.	Date of Birth	Occupation	Gross Monthly Income
Total Family Income:					

NB: Please fill in the self-declaration letter (pg 7) for housewives, self-employed/odd-job workers and unemployed (exclude students).

INFORMATION ON HOUSING (Please tick)	
HDB Flat	<input type="checkbox"/> 1-room <input type="checkbox"/> 2-room <input type="checkbox"/> 3-room <input type="checkbox"/> 4-room <input type="checkbox"/> 5-room <input type="checkbox"/> Executive Apartment
Private Property	<input type="checkbox"/> Condominium <input type="checkbox"/> Landed property
Ownership of Residence	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Others (please specify): _____

OTHER SOURCES OF INCOME
<p>If your family has other sources of income, please tick the appropriate box(es) and indicate the amount that is received <u>every month</u>.</p> <p><input type="checkbox"/> No other source of income</p> <p> <input type="checkbox"/> Fixed Deposit / Unit trust / Investments: <input type="checkbox"/> Rental income: \$ _____ \$ _____ </p> <p> <input type="checkbox"/> Wife / Child maintenance: <input type="checkbox"/> CPF retirement withdrawal: \$ _____ \$ _____ </p> <p> <input type="checkbox"/> Others (Please specify income source and amount received): _____ </p>

FINANCIAL ASSISTANCE			
Are you receiving any of the following in the past 6 months?			
Name / Type (<i>Please tick</i>)	Name of Organisation / Contact Person	Date / Period	Amount
<input type="checkbox"/> Bursary			
<input type="checkbox"/> Scholarship			
<input type="checkbox"/> School Pocket Money Fund			
<input type="checkbox"/> MOE Financial Assistance Scheme			
<input type="checkbox"/> Others, please specify: _____			
<input type="checkbox"/> Others, please specify: _____			
<input type="checkbox"/> Others, please specify: _____			
Is your family receiving any assistance from other organization/s or person (e.g. social welfare agencies, religious organization/s, hospitals, relatives not living in the same household)?			
Name / Type	Name of Organisation / Contact Person	Date / Period	Amount
<input type="checkbox"/> ComCare (SSO)			
<input type="checkbox"/> Family Service Centre			
<input type="checkbox"/> MUIS / CDAC / SINDA			
<input type="checkbox"/> Others, please specify: _____			
<input type="checkbox"/> Others, please specify: _____			

REASON(S) FOR APPLICATION		
How will the bursary money be used?		
PARENT'S / GUARDIAN'S DECLARATION		
<p>I, _____ (*Parent / Guardian), NRIC No _____,</p> <p>of _____, BC / NRIC No. _____</p> <p>declare:</p> <ol style="list-style-type: none"> 1) I understand that any false information given by me on this application will be sufficient for disqualification of the application. The willful suppression of any material fact will be similarly penalised. 2) I understand that all information provided will be used to assess my ward / child's eligibility for bursary assistance. 3) I am aware that the bursary assistance provided by FaithActs is given for the benefit of my child / ward, and for the purpose of purchasing school related items (e.g. school shoes, schoolbooks) and paying the school fees (where needed) 4) I am aware that FaithActs has the right to recover in full the bursary amount that was given to me, if I have provided inaccurate information, or withheld any relevant information from FaithActs. 		
_____ Signature of Applicant	_____ Signature of *Parent / Guardian	_____ Date
ACADEMIC RESULTS <i>(Please tick)</i>		
Please submit photocopies of your 2025 mid-term and 2024 year-end results.		
Results	<input type="checkbox"/> Passed <input type="checkbox"/> Failed	
Conduct	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Excellent	

SCHOOL RECOMMENDATION *(To be filled in by Principal / Vice Principal / Director / Dean / Head of Department / Teacher)*

Name of School Official: *Dr / Mr / Mrs / Ms / Miss / Mdm

Designation

Tel No.

Fax No.

I * recommend / do not recommend the award based on the following reasons:

Signature and Date

School Stamp

SELF DECLARATION LETTER

For housewives, self-employed / odd-job workers and unemployed (exclude students).

Declaration	Name	Description
I am <u>self-employed</u> / odd-job worker.	1.	Name / nature of business: _____ Average monthly income: _____
	2.	Name / nature of business: _____ Average monthly income: _____
	1.	Reason(s) for unemployment: _____ _____ _____
	2.	Reason(s) for unemployment: _____ _____ _____
I am <u>unemployed</u> and I do not have income of any kind.	3.	Reason(s) for unemployment: _____ _____ _____

Please make copies if additional sheets are required.

Declared by:

Name of * Parent / Guardian
of Applicant

Signature / Date

** Please delete accordingly.*

CHECKLIST

Please use this checklist to ensure that you have **ALL** the required documents.

Documents Required	Done	Reason for Missing Documents (if applicable)
Endorsement		
1. Completed application form signed by:		
a) Applicant (Pg 5)		
b) Parent/Guardian (Pg 5)		
c) School (Pg 6)		
Education Transcripts		
2. Photocopy of:		
a) Mid-year 2025 examination results		
b) Year end 2024 examination results		
Income and Expenditure		
a) For all working family members: - Pay slip or CPF contribution (transaction history of last 6 months). - Self-declaration letter (Pg 7)		
b) Table of all working family members' income. (Pg 2)		
c) Table of any financial assistance received. (Pg 4)		
Particulars		
3. Photocopy of the following:		
a) NRIC/Birth certificate of Applicant		
b) Polytechnic Matriculation Card of Applicant (if applicable)		
c) NRIC of Parents/ Guardians		
d) Parent's divorce, separation or death certificate (if applicable)		
e) Medical report of any chronic or serious medical condition (if applicable).		

NOTE: Applications that are incomplete or without all the supporting documents **will not be processed.**