

FAITHACTS BURSARY AWARDS 2023 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: | 2022 |
| Application No.: | BA /2023 |

Deadline: By 26 August 2022 (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 2022 and year-end 2021)
 - c) Parent's / Guardian's NRIC (both sides)
 - d) Latest CPF statements 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 2022**. In addition,
 - a) the successful applicant **must attend** the presentation ceremony in November 2022 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.

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

| A) APPLICANT'S PARTICULARS | | |
|--|---|---|
| Name (as in BC / NRIC) | | Recent Passport Size Photograph |
| Address | | |
| Colour of NRIC <input type="checkbox"/> Pink <input type="checkbox"/> Blue | Mobile No. (* self / parent) : Home no. : Email Address (* self / parent) : | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female |
| BC / NRIC No. | Nationality | Date of Birth / Age |
| Religion | Educational Level / Stream in 2022 | Race |
| Are you a member of Youth Hub in FaithActs? <input type="checkbox"/> Yes <input type="checkbox"/> No (you must be a member to apply) | | Any siblings applying for the same Bursary Awards? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you a volunteer with FaithActs? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, indicate the programme(s) _____ |

| B) PARTICULARS OF FAMILY MEMBERS | | | | | |
|----------------------------------|--------------|----------|---------------|------------|----------------------|
| Name | Relationship | NRIC No. | Date of Birth | Occupation | Gross Monthly Income |
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| C) INFORMATION ON HOUSING <i>(Please tick)</i> | |
|---|---|
| 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): _____ |

| D) 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> |

| E) 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 financial assistance from other organisation or person (e.g. social welfare agencies, religious organisations, hospitals, relatives not living in the same household)?

| Name / Type | Name of Organisation / Contact Person | Date / Period | Amount |
|-------------|---------------------------------------|---------------|--------|
| | | | |
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F) REASON(S) FOR APPLICATION

How will the bursary money be used?

G) PARENT'S / GUARDIAN'S DECLARATION

I, _____ (*Parent / Guardian), NRIC No _____,
of _____, BC / NRIC No. _____
declare:

- 1) I understand that any false information given by me on this application will be sufficient for disqualification of the application. The wilful 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

H) INFORMATION ON SCHOOL

Name of School _____

I) ACADEMIC RESULTS (Please tick)

Please submit photocopies of the latest mid-term or year-end results.

| | |
|-------------|--|
| Total Marks | Marks in Percentage |
| 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 |

| | |
|---|--------------|
| J) SCHOOL RECOMMENDATION <i>(To be filled in by Principal / Vice Principal / Director / Dean / Head of Department / Teacher)</i> | |
| Name of School Official: *Dr / Mr / Mrs / Ms / Miss / Mdm | |
| Designation | |
| Tel No. | Fax No. |
| Comments by Principal / Vice Principal / Director / Dean / Head of Department / Teacher | |
| I *recommend / do not recommend *his / her application | |
| _____ | _____ |
| Signature and Date | School Stamp |

| K) FOR OFFICIAL USE BY FAITHACTS STAFF | |
|---|---|
| Date Received | / /2022 |
| Application No. | BA /2023 |
| Results of Application | *Approved / Not Approved |
| Name of Bursary Applicant and NRIC/BC number | |
| Amount Approved | S\$ |
| Category of Bursary | <input type="checkbox"/> Special Education <input type="checkbox"/> Primary <input type="checkbox"/> Secondary / ITE <input type="checkbox"/> JC / Polytechnic |
| Date Bursary is Disbursed | |
| Remarks (Official/Committee member) | |
| <hr/> <div style="display: flex; justify-content: space-between;"> Name / Designation Signature / Date </div> | |

SELF DECLARATION LETTER

Name of parent/guardian: _____

I/C No.: _____

Please ✓ in the correct box.

I declare that I am **employed** as _____
(occupation) at _____ (Name of Company).
My gross income is \$ _____ per month.

I declare that I have been **self-employed** for ____ years as a _____,
under the business name of _____.
My average gross income per month is \$ _____.
Nature of my business

I declare that I am **unemployed** and I do not have any income of any kind.
(Reason(s) for unemployment)

Other declaration:

Declared by:

Signature

Date

** Please delete accordingly.*