

**FAITHACTS BURSARY AWARDS 2020
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:	2019
Application No.:	BA /2020

Deadline: By 30 August 2019

INSTRUCTIONS
<p>1. Please read the enclosed Important Information carefully before you fill up this form.</p> <p>2. Please enclose photocopies of ALL the following supporting documents:</p> <ul style="list-style-type: none"> a) Applicant's birth certificate / NRIC (both sides) b) Applicant's latest academic results slip (mid-year 2019 and / or year-end 2018) 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 <p>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.</p> <p>4. Successful applicants will be notified by 1st week of November 2019.</p>

EDUCATIONAL LEVEL (Please tick)		
<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. Home no. Email Address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
BC / NRIC No.	Nationality	Date of Birth / Age
Religion	Educational Level / Stream in 2019	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) _____
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B) PARTICULARS OF FAMILY MEMBERS					
Name	Relationship	NRIC No.	Date of Birth	Occupation	Gross Monthly Income

C) 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): _____

D) OTHER SOURCES OF INCOME	
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>.	
<input type="checkbox"/> No other source of income	
<input type="checkbox"/> Fixed Deposit / Unit trust / Investments:	<input type="checkbox"/> Rental income:
\$ _____	\$ _____
<input type="checkbox"/> Wife / Child maintenance:	<input type="checkbox"/> CPF retirement withdrawal:
\$ _____	\$ _____
<input type="checkbox"/> Others (Please specify income source and amount received):	

E) FINANCIAL ASSISTANCE**Are you in receipt of 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

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

Name of School Official: *Dr / Mr / 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	/ /2019
Application No.	BA /2020
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.*