



**SENGKANG METHODIST CHURCH BURSARY PROGRAMME**  
**Application Form for School Year 2020**

INSTRUCTIONS FOR PARENT/GUARDIAN OF APPLICANT:

<b>BUR20</b> _ _ _
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- Please send completed application form to:  
 SKMC Bursary Programme  
 Sengkang Methodist Church  
 31 Anchorvale Road  
 Singapore 545056
- This form and all supporting documents must reach SKMC on or before **20 Sept 2019, 3 pm.**
- Successful applicants are required to attend a presentation ceremony on **23 Nov 2019.**

<b>Checklist for Applicant:</b>	<b>For Official Use</b>
<p><b>School Year 2020, student will be in:</b></p> <p><input type="checkbox"/> Primary 1– 6</p> <p><input type="checkbox"/> Secondary 1 – 4 Express / Normal Technical</p> <p><input type="checkbox"/> Secondary 1– 5 Normal Academic</p> <p><input type="checkbox"/> Institute of Technical Education (ITE)</p> <p><input type="checkbox"/> Junior College (JC) Year 1 – 2</p> <p><input type="checkbox"/> Polytechnic (Poly) Year 1 – 3</p> <p><b>Photocopies of the following are attached:</b></p> <p><input type="checkbox"/> Applicant’s Birth Certificate or NRIC</p> <p><input type="checkbox"/> Parents’ or Guardians’ Identification: NRIC, FIN, or Passport</p> <p><input type="checkbox"/> Parents’ or Guardians’ pay slips or CPF Contribution History for the last 12 months</p> <p><input type="checkbox"/> Supporting medical documents (if any), including long term medical certificates, medical condition cards and medical reports, for caregivers of applicant and/or family members residing in the same residence.</p> <p><b>This form has been signed by:</b></p> <p><input type="checkbox"/> School Administrator or FSC Social Worker</p>	<p><b>Receipt Date</b></p> <p>SKMC: _____</p> <p>Oikos: _____</p> <p><b>Verification of school in 2020 (month)</b></p> <p><input type="checkbox"/> ITE: _____</p> <p><input type="checkbox"/> JC: _____</p> <p><input type="checkbox"/> Poly: _____</p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p> <p><input type="checkbox"/></p>

**IMPORTANT:**

ONLY COMPLETE APPLICATION FORMS SUPPORTED BY REQUIRED DOCUMENTATION WILL BE PROCESSED. ONLY SUCCESSFUL APPLICANTS WILL BE NOTIFIED BY POST. SKMC’S DECISION IS FINAL AND APPEALS WILL NOT BE CONSIDERED.



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#### Part 1. Applicant's Particulars (Student)

*Please note: the applicant should be a family member and residing with Parent or Guardian.*

<b>Name of Applicant</b> (as in Birth Certificate or NRIC) In Block Letters											
<b>NRIC or Passport No.</b>	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>										
<b>Citizenship</b>	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore Permanent Resident (SPR)										
<b>Date of Birth</b> (dd mm yyyy)	<table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table> <input type="checkbox"/> Male <input type="checkbox"/> Female										
<b>School Level in Year 2020</b>  If student has not yet been accepted into the school level; input "1" and Name of School input as "tba" into the fields. Note: ITE, JC, Poly award is only after verification of admission into the school.	<div style="text-align: right;">* circle</div> Primary _____ Secondary _____ *Express / Normal Academic / Normal Technical ITE _____ Junior College _____ (completed JC in 2019, not eligible) Polytechnic _____ (completed Poly by March 2020, not eligible)										
<b>Name of School</b>											
<b>I found out about SKMC Bursary 2020 through:</b>	<input type="checkbox"/> School <input type="checkbox"/> Sengkang Methodist Church <input type="checkbox"/> Other Church <input type="checkbox"/> Family Service Centre <input type="checkbox"/> Publicity poster <input type="checkbox"/> Past Applicant <input type="checkbox"/> Others: _____										



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**Part 2. Parents' or Guardians' Particulars**

	Parent or Guardian 1	Parent or Guardian 2
<b>Name of Parent or Guardian</b> (as in NRIC / FIN / Passport) In Block Letters		
<b>Relationship</b>	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian
<b>NRIC / FIN / Passport No.</b>		
<b>Date of Birth (dd/mm/yyyy)</b>		
<b>Address</b>	Address:  Postal Code: <input type="checkbox"/> The Applicant lives here	Address:  Postal Code: <input type="checkbox"/> The Applicant lives here <i>* Leave blank if same as Parent or Guardian 1</i>
<b>Contact No.</b>	(Home) (Mobile) (Other)	(Home) (Mobile) (Other)
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Race</b>	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others (please specify):	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Indian <input type="checkbox"/> Others (please specify):



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	Parent or Guardian 1	Parent or Guardian 2
<b>Residency Status</b>	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (please specify):	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (please specify):
<b>Marital Status</b>	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Others (please specify):	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Others (please specify):
<b>Current Employment Status</b>  <i>Note:</i> <i>Nett Income = Gross Income minus CPF</i>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Others <b>Occupation:</b> _____ <b>Nett Income:</b>	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Others <b>Occupation:</b> _____ <b>Nett Income:</b>
<b>Type of Housing</b>	<input type="checkbox"/> 1-Rm HDB flat <input type="checkbox"/> 2-Rm HDB flat <input type="checkbox"/> 3-Rm HDB flat <input type="checkbox"/> 4-Rm HDB flat <input type="checkbox"/> Others (please specify):	<input type="checkbox"/> 1-Rm HDB flat <input type="checkbox"/> 2-Rm HDB flat <input type="checkbox"/> 3-Rm HDB flat <input type="checkbox"/> 4-Rm HDB flat <input type="checkbox"/> Others (please specify): _____  <i>* Leave blank if same as Parent or Guardian 1</i>



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**Part 3. Details of Family Members** (residing in the same household as Applicant)

* S/N	Name of Family Member	BC / NRIC	Age	Relationship to Applicant	Medical Condition (If any)	Occupation	Nett Income
1	Applicant			Self		Student	
2							
3							
4							
5							
6							
7							
*Circle the S/N of family members also applying for SKMC Bursary 2020 (maximum of 3 applications per family)						<b>Sub-total \$</b>	
<b>Other Sources of Income:</b> <input type="checkbox"/> Financial assistance from CDC / MUIS <input type="checkbox"/> Voluntary Welfare Organization <input type="checkbox"/> Contributions from relatives / friends <input type="checkbox"/> Rental income <input type="checkbox"/> MOE / School Financial Assistance Scheme <input type="checkbox"/> School Pocket Money Fund <input type="checkbox"/> Others, please specify:							<b>Total of Other Sources of Income:</b>
<b>Total Monthly Nett Household Income (a):</b>							
<b>Number of family members residing at residence (b):</b>							
<b>Per Capita Income:</b> Nett Income (a) divided by number of family members (b)							



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**Part 4. To be completed by either the School or Family Service Centre**

<b>Name of School or FSC</b>	
<b>Name of Form Teacher or Social Worker or Counsellor</b>	
<b>Conduct and Behaviour of Applicant</b>	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good <input type="checkbox"/> Excellent
<b>Reasons for Recommendation</b>	<input type="checkbox"/> Recommended <input type="checkbox"/> Not Recommended Please elaborate:
<b>Endorsed by:</b>	Name of endorser:  Signature _____ Date: _____
<b>School or Organisation Stamp:</b>	

**Part 5. Other programmes that applicant, his/her family is receiving/has received:**

<input type="checkbox"/> Walk With The Poor (WWTP) Programme <input type="checkbox"/> WWTP Nutrition Programme <input type="checkbox"/> MWS Bursary <input type="checkbox"/> MWS Tuition <input type="checkbox"/> Family Development Programme (FDP)	<input type="checkbox"/> Getting Out of Debt (GOOD) Programme <input type="checkbox"/> MWS Centre Programmes: (please specify): _____ <input type="checkbox"/> Others: (please specify):
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**Part 6. Parent's or Guardian's Declaration and Consent**

I, \_\_\_\_\_ NRIC No. \_\_\_\_\_  
(Name of Parent or Guardian)

Parent or Guardian of \_\_\_\_\_, (Name of Student)

**Declaration**

Declare that the details furnished above are true and correct to the best of my knowledge, and I undertake to inform you of any changes immediately. In case any of the information above is found to be false, untrue, misleading or misrepresenting, I am aware that I may not be assisted through the SKMC Bursary Programme. I am aware that the Bursary is given for the purpose of education-related expenses.

**Consent**

In administering and providing the SKMC Bursary Programme to you, SKMC may collect, use, disclose and/or process personal information about you as set out in the Bursary Application Form or otherwise provided by you or possessed by SKMC.

Such personal data will be collected, used, processed by SKMC for the following purposes: -

- (a) processing your application for the SKMC Bursary Programme;
- (b) evaluating your suitability or eligibility for the SKMC Bursary Programme;
- (c) administering the provision of the SKMC Bursary to you by SKMC and its affiliates, and/or managing your relationship with SKMC; and/or
- (d) as required by laws and regulations.

In connection with the purposes set out above, your personal data may/will be disclosed by SKMC to persons including social workers, hospitals, governmental bodies, other voluntary welfare organisations, and/or cheque disbursement partners, inclusive of Methodist Churches.

By signing this consent, you hereby consent to SKMC collecting, using, processing and/or disclosing your personal information for the purposes as described above.

Under the Personal Data Protection Act 2012, you have a right to withdraw your consent, to request access to or correction of your personal data. If you wish to exercise these rights, please write to [office@skmc.org.sg](mailto:office@skmc.org.sg) with the following details:

- your name, correspondence address, contact number, and
- details of the request.

The information has been translated in \_\_\_\_\_ (language) to me by

\_\_\_\_\_ (person's name and designation) on \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date