

FOR OFFICIAL USE ONLY

Received By:

Received Date:

Referred By (ORG):

Family NO.:

# BURSARY & BOOK GRANT APPLICATION FORM (2020)

## A. ALL FAMILY MEMBERS INCLUDING APPLICANTS (STAYING AT THE SAME HOUSE)

S/N	Full Name	Date of Birth	Applicant OR The relationship to applicant (Parent/Siblings etc)	Occupation	Gross Income (before CPF)
	NRIC No				
	Handphone No				
1					
2					
3					
4					
5					

6					
7					
8					
9					
10					

<b>Total Monthly Income per Household</b>	\$	<b>Per Capita Income (PCI)</b>	\$
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<b>Any family members who are disabled or chronically sick?</b>	<input type="checkbox"/> No <input type="checkbox"/> Yes (Please Specify) _____
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<b>Marital Status of the applicant's parent (main point of contact)</b>	<input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Others _____
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<b>Name of the person with prison record / Relationship to Applicant</b>	Name: <input type="checkbox"/> Parent <input type="checkbox"/> Step-Parent
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<b>Address</b>		
<b>Residence type &amp; ownership</b>	HDB _____ Room(s) <input type="checkbox"/> Others _____	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Others _____
<b>Race of the family</b>	<input type="checkbox"/> Chinese <input type="checkbox"/> Malay <input type="checkbox"/> Others _____	<input type="checkbox"/> Indian <input type="checkbox"/> Eurasian
<b>Religion of the family</b>	<input type="checkbox"/> Islam <input type="checkbox"/> Hinduism <input type="checkbox"/> Buddhism <input type="checkbox"/> Others _____	<input type="checkbox"/> Christianity
<b>Family Receiving Financial Assistance from other agencies (indicate the amount if possible):</b>		

**B. GENOGRAM OF FAMILY (FOR OFFICIAL USE ONLY)**

## C. DECLARATION/AGREEMENT OF PARENT/ GUARDIAN

IT IS VERY IMPORTANT THAT YOU READ THE ENTIRE DECLARATION BEFORE SIGNING.

I, (Full Name) \_\_\_\_\_, (NRIC) \_\_\_\_\_, Parent/Guardian of  
(Full Name of Applicant 1) \_\_\_\_\_, (NRIC of Applicant 1) \_\_\_\_\_,  
(Full Name of Applicant 2) \_\_\_\_\_, (NRIC of Applicant 2) \_\_\_\_\_,  
(Full Name of Applicant 3) \_\_\_\_\_, (NRIC of Applicant 3) \_\_\_\_\_,  
(Full Name of Applicant 4) \_\_\_\_\_, (NRIC of Applicant 4) \_\_\_\_\_,  
(Full Name of Applicant 5) \_\_\_\_\_, (NRIC of Applicant 5) \_\_\_\_\_,  
(Full Name of Applicant 6) \_\_\_\_\_, (NRIC of Applicant 6) \_\_\_\_\_,

### DECLARE and AGREE that

- 1 I understand that by applying for the bursary, I am giving ISCOS ReGen Fund the consent for the use and necessary disclosure of my (and my family's) personal data for all Fairy Godparent (FGP) programmes and services.
- 2 I understand and accept that my application does not mean an automatic approval. The application is subject to internal assessment and the management's decision is final. ISCOS ReGen Fund is not liable to disclose the reasons behind any rejected application.
- 3 I am aware that I need to send my child to attend **2 enrichment programmes** (as categorized by ISCOS ReGen Fund) in 2021 which are organized for the benefit of Bursary award and Book Grant recipients. I understand that **failure to attend any of these programmes will affect my child's eligibility to receive the award in 2021.**
- 4 I give full consent to ISCOS ReGen Fund to obtain any information on my child and family, which is deemed necessary, directly from my child's school, my Family Service Centre or Social Service Office.
- 5 I accept that ISCOS ReGen Fund personnel can contact/visit us at home as part of the application, feedback and programme process.
- 6 I understand that volunteer mentors from ISCOS ReGen Fund may be assigned to my child as part of the FGP programme to provide emotional support and guidance to help in their studies, and I agree to accept such provision unless there are special circumstances that make such provision hugely unsuitable.
- 7 BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND AGREED TO ALL THE ABOVE TERMS AND CONDITIONS. I ALSO CERTIFY THAT THE INFORMATION I PROVIDED IN MY APPLICATION IS ACCURATE, TRUE AND THERE IS NO UNDISCLOSED DETAIL(S). IT IS MY DUTY TO INFORM ISCOS REGEN FUND OF ANY INFORMATION CHANGE(S).

SIGNED by: \_\_\_\_\_

Date: \_\_\_\_\_

*(Signature of Parent/ Guardian)*

**D. NEEDS - HIGH, MEDIUM AND LOW (FOR OFFICIAL USE ONLY)**

<b>Child's Final Exam Scores:</b> 55 and below <input type="checkbox"/> x ____ (4 points)    55-69 <input type="checkbox"/> x ____ (3 points) 70-85 <input type="checkbox"/> x ____ (2 points)        85 and above <input type="checkbox"/> x ____ (1 point)		<b>Intact Family:</b> Yes <input type="checkbox"/> (1 point) No <input type="checkbox"/> (2 point)	<b>Financial Status:</b> Below PCI of \$690 <input type="checkbox"/> (1 point) Above PCI of \$690 <input type="checkbox"/> (0 point)
High <input type="checkbox"/> x ____ (6 - 7 points)    Medium <input type="checkbox"/> x ____ (4 - 5 points)    Low <input type="checkbox"/> x ____ (2 - 3 points)			

**OUTCOME (FOR OFFICIAL USE ONLY)**

<b>Remarks (if any):</b>			
<b>Recommendation</b>	<input type="checkbox"/> <b>BURSARY AWARD</b> Applicant:	<input type="checkbox"/> <b>BOOK GRANT</b> Applicant:	<input type="checkbox"/> <b>Not Recommended</b> Applicant:
<b>Verified and Recommended by (Name, Signature &amp; Date):</b>			
<b>Outcome</b>	<input type="checkbox"/> <b>Approved for BURSARY AWARD</b> Applicant:	<input type="checkbox"/> <b>Approved for BOOK GRANT</b> Applicant:	<input type="checkbox"/> <b>Not Approved</b> Applicant:
<b>Supported by (Name, Signature &amp; Date):</b>			
<b>Approved by (Name, Signature &amp; Date):</b>			

## Checklist for Bursary & Book Grant Application

**No of Applicants in total:** \_\_\_\_\_

PLEASE ✓ AGAINST THIS LIST TO ENSURE ALL RELEVANT DOCUMENTS ARE SUBMITTED

<b>Applicant 1:</b>	<input type="checkbox"/> <b>2019 B/BG Recipient</b>	<b>Events attended in 2020</b>
<b>Applicant 2:</b>	<input type="checkbox"/> <b>2019 B/BG Recipient</b>	<b>Events attended in 2020</b>
<b>Applicant 3:</b>	<input type="checkbox"/> <b>2019 B/BG Recipient</b>	<b>Events attended in 2020</b>
<b>Applicant 4:</b>	<input type="checkbox"/> <b>2019 B/BG Recipient</b>	<b>Events attended in 2020</b>
<b>Applicant 5:</b>	<input type="checkbox"/> <b>2019 B/BG Recipient</b>	<b>Events attended in 2020</b>
<b>Applicant 6:</b>	<input type="checkbox"/> <b>2019 B/BG Recipient</b>	<b>Events attended in 2020</b>

- Birth Certificate x \_\_\_\_\_ (verified by: \_\_\_\_\_)
- Year End examination result slip x \_\_\_\_\_ **OR**
- Prelim results (only for "N", "O", "A" Levels) x \_\_\_\_\_ **OR**
- PSLE results slip (only for Primary 6 students) x \_\_\_\_\_ **OR**
- LATEST examination results slip (ITE/Poly/Uni) x \_\_\_\_\_

**Parent/ Step-Parent / Guardian Name**

- Parent's NRIC (front and back) (verified by: \_\_\_\_\_)
- Parent's NRIC (front and back) (verified by: \_\_\_\_\_)
- Latest Pay slip or Letter of Employment x \_\_\_\_\_
- Declaration Form (if no payslip available) x \_\_\_\_\_
- CPF CONTRIBUTION HISTORY (From Aug 19 till Date of submission) x \_\_\_\_\_
- ISCOS Member:** ( \_\_\_\_\_ )
- Incarceration Record (verified by: \_\_\_\_\_)
- Discharge Letter if not verified
- Marriage Certificate (verified by: \_\_\_\_\_)
- Divorce Certificate (if applicable) (verified by: \_\_\_\_\_)
- Adoption Certificate (if applicable) (verified by: \_\_\_\_\_)

**All Other Family Members** (Staying in the same household)

- NRIC (front and back) x \_\_\_\_\_ (verified by: \_\_\_\_\_)
- OR** Birth Certificate(s) for those without NRIC x \_\_\_\_\_ (verified by: \_\_\_\_\_)
- Latest Pay slips or Letter of Employment (only if above 21 years old) x \_\_\_\_\_
- Declaration Form (if no payslip available) x \_\_\_\_\_
- CPF CONTRIBUTION HISTORY (From Aug 19 till Date of Submission) x \_\_\_\_\_

**Verified by:**

**Name of Staff** : \_\_\_\_\_ **Designation** : \_\_\_\_\_

**Signature** : \_\_\_\_\_ **Date** : \_\_\_\_\_