

# NATSTEEL-SPD EDUCATION PROGRAMME BURSARY AWARD

FOR STUDENTS WITH DISABILITIES

NEW APPLICATION

Closing Date: 15 NOVEMBER 2017

The Natsteel-SPD Education Programme Bursary Award serves to reduce the financial burdens of the students with disability to encourage him/her to focus on their educational pursuits.

## Eligibility

- Open to Singapore Citizens and Singapore Permanent Residents

|   |  |
|---|--|
| <b>Students with physical or sensory disabilities (e.g. hearing or visual impairment)</b> | <b>For Primary to University level</b><br>✓ Studying full-time in mainstream schools |
|---|--|

- Gross monthly per capital household income (PCI) of \$950 and below\*
- Must not be holding any scholarship or bursary awards
- Documentary proof of acceptance must be presented if entering first year of study.
- Achieved a 'Pass' in the final or semestral examinations, and able to proceed to the next level of education

\*PCI – Total household's gross income divided by the total numbers of family members living in the same household.

## Bursary Quantum

| Educational Level    | Quantum of Bursary | Disbursement Frequency |
|----------------------|--------------------|------------------------|
| University           | \$6,000 per year   | Twice per year         |
| Polytechnic          | \$2500 per year    | Twice per year         |
| ITE                  | \$850 per year     | Twice per year         |
| Pre-U/Junior College | \$500 per year     | Once a year            |
| Secondary            | \$400 per year     | Once a year            |
| Primary              | \$300 per year     | Once a year            |

**Note:** SPD reserves the right to change the quantum without prior notice.

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Closing Date: 1 NOVEMBER 2017

## APPLICATION FORM

| SECTION 1: STUDENT PARTICULARS <i>(*circle where appropriate)</i>  |                                  |                                      |  |   |                                  |
|--|----------------------------------|--------------------------------------|--|---|----------------------------------|
| Name as in NRIC:   |                                  |                                      |  |   | Recent Passport-Sized Photograph |
| NRIC:  | Gender: * M/ F                   | Race:                                |  |   |                                  |
| Date of Birth:   | Citizenship:<br>* S'porean / SPR | Current level :                      |  |   |                                  |
| Email Address <i>(compulsory)</i> :  |                                  |                                      | Contact Number:                          | Mobile Number:  |                                  |
| Address:   |                                  |                                      |  |   |                                  |
| SECTION 2: PARTICULARS OF FAMILY MEMBERS   |                                  |                                      |  |   |                                  |
| Name   | Relationship                     | Age                                  | Marital Status                           | Occupation  | Gross Monthly Income             |
|  | APPLICANT                        |                                      |  |   |                                  |
|  |                                  |                                      |  |   |                                  |
|  |                                  |                                      |  |   |                                  |
|  |                                  |                                      |  |   |                                  |
|  |                                  |                                      |  |   |                                  |
|  |                                  |                                      |  |   |                                  |
| Are you currently applying for or in receipt of any other bursary/scholarship/ study grant for FY17/18? (Please tick where applicable) |                                  |                                      | <b>Total Monthly Income (A)</b>          |   |                                  |
| <input type="checkbox"/> No <input type="checkbox"/> Yes (Pls specify: _____ )   |                                  |                                      | <b>PCI = A ÷ no. of pax in household</b> |   |                                  |
| SECTION 3: DETAILS OF DISABILITY/DIAGNOSIS   |                                  |                                      |  |   |                                  |
|  |                                  |                                      |  |   |                                  |
| SECTION 4: EDUCATION DETAILS   |                                  |                                      |  |   |                                  |
| Name of current School/Institution:  |                                  |                                      |  |   |                                  |
| Level Applied in Year 2018:  |                                  |                                      |  |   |                                  |
| <input type="checkbox"/> Primary   |                                  | <input type="checkbox"/> Secondary   |  | <input type="checkbox"/> Pre-University/ Junior College |                                  |
| <input type="checkbox"/> Institute of Technical Education  |                                  | <input type="checkbox"/> Polytechnic |  | <input type="checkbox"/> University                     |                                  |
| Waiting for result: PSLE/GCE "N"/ GCE "O"/GCE "A"/ITE/Polytechnic/University <i>(circle where appropriate)</i>                         |                                  |                                      |  |   |                                  |
| Applying to _____ (Name of institution)    Month Intake: _____   |                                  |                                      |  |   |                                  |
| <i>(If Applicable)</i>   |                                  |                                      |  |   |                                  |
| Course Name: _____   |                                  |                                      |  |   |                                  |
| Course Duration <i>(No. of Years)</i> : _____ From: _____ (mm/yy) to _____ (mm/yy)   |                                  |                                      |  |   |                                  |

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| <b>CHECKLIST</b>  |                             |       |
|---|-----------------------------|-------|
| (Please ensure that a copy of the following is attached with the application)   |                             |       |
| <input type="checkbox"/> Completed Application Form<br><input type="checkbox"/> NRIC/ Birth certificate of all family members<br><input type="checkbox"/> Death, separation or divorced certificate (if applicable)<br><input type="checkbox"/> Medical report to certify disability status of applicant<br><input type="checkbox"/> Latest pay slips/income tax returns/CPF contribution statement for the last 6 months/employment letters of all working adults in the household<br><input type="checkbox"/> Completed income declaration for (page 3) <b>and</b> CPF contribution statement for the last 6 months.<br><input type="checkbox"/> Latest mid/final-year results slip<br><input type="checkbox"/> Letter of acceptance to educational institution of next level (if applicable)<br><input type="checkbox"/> NS enlistment letter or SAF 11B if sibling is in National Service<br><input type="checkbox"/> Student pass/ EZ-link card of siblings attending school |                             |       |
| <b>DECLARATION</b>  |                             |       |
| I declare that all information in this application (and documents attached, if any) are true to the best of my knowledge and belief, and I have not wilfully suppressed any material fact. I acknowledge that I will be disqualified, or if accepted, my bursary will be terminated without any notice if any information is found to be untrue or material facts have been wilfully suppressed. I agree that SPD reserves the right to disapprove any application based on the eligibility criteria.   |                             |       |
| _____   | _____                       | _____ |
| Applicant's Name  | Applicant's Signature       | Date  |
| _____   | _____                       | _____ |
| Parent/Guardian's Name  | Parent/Guardian's Signature | Date  |

**Note:**

1. Late submission of application form will not be processed.
2. Incomplete or lack of documentary proof will not be processed and will be sent back to the applicant.
3. An acknowledgement letter will be sent upon the receipt of a completed application form. Kindly inform SPD if any form of acknowledgement did not reach you within 2 weeks of application.
4. Submit this application form with the required documents via email: [Jane\\_Yeo@spd.org.sg](mailto:Jane_Yeo@spd.org.sg) or post to:

**Jane Yeo (Schemes and Grants)**

**2 Peng Nguan Street  
SPD Ability Centre  
Singapore 168955**

| <b><u>For Official Use:</u></b>  |   |
|----------------------------------|---|
| New Application                  |   |
| Date received: _____             | Acknowledgment letter sent on: _____ (Date) |
| Pending: _____ (specify)         | Outcome: Approved / Not Approved            |
| Approved by : _____              |   |
| Reasons for Not Approval : _____ |   |

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## INCOME DECLARATION FORM

(pls make additional copies if necessary)

I, \_\_\_\_\_, of (NRIC Number), \_\_\_\_\_, am unable to produce the following supporting documents:

(Please tick where applicable)

- Pay slip
- Income Tax Statement
- CPF Statement
- Letter of employment

Due to the following:

(Please tick where applicable)

- Currently unemployed\*
- Not a Singapore Citizen
- Undertaking odd jobs or part-time work which have no pay slips (*pls provide details*)

1. Name of Company/Employer: \_\_\_\_\_

2. Nature of odd/part-time job: \_\_\_\_\_

3. Monthly Average Income: \_\_\_\_\_

- Other reasons:

\_\_\_\_\_

\*Please submit a copy of your CPF Contribution History **OR** CPF Transactional History for the last 6 months.

**I hereby declare that the particulars furnished by me are true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to applicant

\_\_\_\_\_  
Date

Name of bursary applicant: \_\_\_\_\_