

FAITHACTS BURSARY AWARDS 2025 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:	2024
Application No.:	BA /2025

Deadline: By 23 August 2024 (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 2024 and year-end 2023)
 - 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 2024**. In addition,
 - a) the successful applicant **must attend** the presentation ceremony in November 2024 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.
 - a) No cash or cash cheques will be issued in replacement of the crossed cheque
 - b) Cheques that have expired will not be reissued. The cheque will be valid for 6 months.
 - c) The crossed cheque can only be banked into an account/joint account bearing the name of the successful applicant. Please open an account if you do not have an existing account.

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

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) :	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
BC / NRIC No.	Nationality	Date of Birth / Age
Religion		Race
Name of current School/Institution	Tick level in 2024: Primary: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 Secondary: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 Nitec: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Higher Nitec: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 Junior College: <input type="checkbox"/> 1 <input type="checkbox"/> 2 Polytechnic: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Have you received our bursary before? <input type="checkbox"/> Yes; year _____ <input type="checkbox"/> No	Any siblings applying for the same Bursary Awards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a participant/member of FaithActs? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, indicate the programme(s) _____	

PARTICULARS OF FAMILY MEMBERS					
Name	Relationship	NRIC No.	Date of Birth	Occupation	Gross Monthly Income

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Name	Relationship	NRIC No.	Date of Birth	Occupation	Gross Monthly Income
Gross Monthly Family Income [^] :					

[^]Gross Monthly Family Income represents the total income earned by **all** members of the family in a **month**.

INFORMATION ON HOUSING <i>(Please tick on the relevant areas)</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): _____

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>

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 assistance from other organization/s or person (e.g. social welfare agencies, religious organization/s, hospitals, relatives not living in the same household)?			
Name / Type	Name of Organisation / Contact Person	Date / Period	Amount
<input type="checkbox"/> ComCare (SSO)			
<input type="checkbox"/> Family Service Centre			
<input type="checkbox"/> MUIS / CDAC / SINDA			
<input type="checkbox"/> Others, please specify: _____			
<input type="checkbox"/> Others, please specify: _____			

REASON(S) FOR APPLICATION

How will the bursary money be used?

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

ACADEMIC RESULTS *(Please tick)*

Please submit photocopies of your 2024 mid-term and 2023 year-end results.

Results

Passed Failed

Conduct

Poor Fair Good Excellent

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

Name of School Official: *Dr / Mr / Mrs / Ms / Miss / Mdm

Designation

Tel No.

Fax No.

I recommend/do not recommend the award based on the following reasons:

I *recommend / do not recommend *his / her application

Signature and Date

School Stamp

SELF DECLARATION LETTER

Name of parent/guardian: _____ I/C No.: _____

Please ✓ in the correct box.

I declare that I am **employed** with monthly CPF contributions.

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.*

CHECKLIST

Please use this checklist to ensure that you have **ALL** the required documents.

Documents Required	Done	Reason for Missing Documents (if applicable)
Endorsement		
1. Completed application form signed by:		
a) Applicant (Pg 5)		
b) Parent/Guardian (Pg 5)		
c) School (Pg 6)		
Education Transcripts		
2. Photocopy of:		
a) Mid-year 2024 examination results		
b) Year end 2023 examination results		
Income and Expenditure		
a) For all working family members: - Pay slip or CPF contribution (last 6 months). - Self-declaration letter (Pg 7)		
b) Table of all working family members' income. (Pg 2)		
c) Table of any financial assistance received. (Pg 4)		
Particulars		
3. Photocopy of the following:		
a) NRIC/Birth certificate of Applicant		
b) Polytechnic Matriculation Card of Applicant (if applicable)		
c) NRIC of Parents/ Guardians		
d) Parent's divorce, separation or death certificate (if applicable)		
e) Medical report of any chronic or serious medical condition (if applicable).		

NOTE: Applications that are incomplete or without all the supporting documents **will not be processed.**