



THE SINGAPORE STATUTORY BOARDS

EMPLOYEES' CO-OPERATIVE THRIFT & LOAN SOCIETY, LTD.

171A JOO CHAT ROAD, SINGAPORE 427442

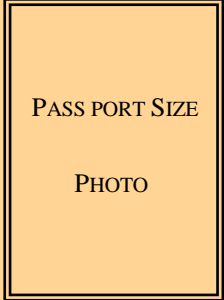
TEL: 6344-8627 FAX: 6345-2971

WEBSITE: <http://www.sbc.org.sg> EMAIL: info@sb.org.sg

Serial No:

BURSARY APPLICATION 2011

SECTION ONE: PARTICULARS OF APPLICANT



NAME (AS IN NRIC/BC): _____ (IN BLOCK LETTERS)

NRIC/BC No:

NATIONALITY: _____

DATE OF BIRTH: --
D D M M Y Y Y Y

AGE: (AS ON 01 JAN 11)

GENDER: M F

ADDRESS: _____

POSTAL CODE: S

CONTACT NUMBER(S): RES:6 -

HP: 9 -

EMAIL ADDRESS: _____

SECTION TWO: ACADEMIC RECORD

TICK (✓) IN THE APPROPRIATE BOX BELOW TO INDICATE YOUR EDUCATIONAL (OR SCHOOL) LEVEL.

PRIMARY SECONDARY JUNIOR COLLEGE

INSTITUTE OF TECHNICAL EDUCATION POLYTECHNIC UNIVERSITY

SCHOOL/ INSTITUTION: _____ CLASS/LEVEL (YR 2011): _____

OVERALL MARKS (PERCENTAGE): %

OVERALL RESULT: PASSED / FAILED

Please Attach Results of Final Examination Held in Year 2010 (or latest examination results)

DECLARATION BY APPLICANT

I declare to the best of my knowledge and belief the particulars furnished in this Application Form & copies attached hereto are true and I have not willfully suppressed any material fact. I also declare that I am not in receipt of any other Bursary Award for the year 2011.

Signature of Applicant

Application Date --
D D M M Y Y Y Y

SECTION THREE: CERTIFICATION BY PRINCIPAL OR HEAD OF INSTITUTION

It is hereby certified true and that the above- named applicant is a student of our School.

Name/Signature of Authorized Officer/ School Stamp

Date: --
D D M M Y Y Y Y



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SECTION FOUR: TO BE COMPLETED BY APPLICANT'S PARENT

Particulars of Family Members

Name of Family Member	Age	Relationship (To Applicant)	Occupation	Gross Income (\$)

Declaration by Parent (Member of the Society)

I declare to the best of my knowledge and belief the particulars given in this application are correct. I agree and accept that should my child or I together or separately suppress information and/or declare false information, the application will be disqualified.

Name/Signature of Parent

NRIC:

Date: - -

D D M M Y Y Y Y

FOR OFFICIAL USE: SELECTION COMMITTEE'S DECISION & REMARKS

APPROVED NOT APPROVED

VALUE OF BURSARY AWARDED: \$.

COMMENTS: -----

NOTE:

COMMITTEE'S DECISION IS FINAL.

IT HAS THE RIGHT TO APPROVE, DISAPPROVE OR REVOKE ANY AWARD

BURSARY SUB-COMMITTEE CHAIRMAN

SUB-COMMITTEE MEMBERS