

B) INFORMATION ON SCHOOL

Name of School	Contact Person/Telephone No.
Address of School	
S ()	

**C) ACADEMIC RESULTS (TO BE FILLED IN BY PRINCIPAL/VICE PRINCIPAL)
(Based on latest Mid-term results)**

Total Marks	Marks in Percentage
Results	<input type="checkbox"/> Passed <input type="checkbox"/> Failed
Conduct	<input type="checkbox"/> Poor <input type="checkbox"/> Fair <input type="checkbox"/> Good <input type="checkbox"/> Very Good
Principal's / Vice Principal's comments:	
I *recommend / do not recommend * his / her application	
_____ Signature of Principal/Vice Principal and Date	_____ School Stamp

D) PARTICULARS OF FAMILY MEMBERS

RELATIONSHIP TO APPLICANT	NAME	STAYING WITH APPLICANT? (Yes or No) If no, please state whether divorced, deceased or not contactable	AGE	OCCUPATION / SCHOOL (for students)	GROSS SALARY (MONTHLY)
Father					
Mother					
Stepfather					
Stepmother					

Siblings					

Total Gross Salary
(monthly)

Note : 1) If self-employed, please indicate occupation (eg. Hawker, taxi driver, odd-job worker etc.) and monthly income on a signed statement
 2) If household income is zero, please indicate in Section E how your family manages to get by with no income; **OTHERWISE YOUR APPLICATION WILL NOT BE PROCESSED**

E) OTHER SOURCE OF INCOME

If your family has other sources of income(s), please tick the appropriate box(es) and indicate the amount that is received every month.

- Fixed Deposit/Unit Trust/Investments Wife/Child Maintenance: S\$ _____ per mth
- Rental income: S\$ _____ per mth CPF Retirement withdrawal: S\$ _____ per mth
- Others : _____
(Please specify income source and amount received)

F) INFORMATION ON HOUSING

- HDB Flat 1-room 2-room 3-room 4-room 5-room
 Executive Apartment
- Private Property Condominium Landed Property
- Ownership of Residence Owned Rented Others: _____
(Please specify)

G) FINANCIAL ASSISTANCE

1 Is your family receiving any financial assistance from other agencies, religious organisations or persons?

Yes No

If 'Yes', please give the following details:

Name of Agency / Organisation / Person	Telephone No.	Type of Assistance	Amount (monthly)

2 Did you apply for any Bursary, Scholarship and/or School Pocket Money Fund (SPMF) in the past 6 months?

Yes No

If 'Yes', please give the following details:

Name of Agency / Organisation	Type of Assistance	Amount

3 Did you receive any Bursary, Scholarship and/or School Pocket Money Fund (SPMF) in the past 6 months?

Yes No

If 'Yes', please give the following details:

Name of Agency / Organisation	Type of Assistance	Amount

PARENT'S/GUARDIAN'S DECLARATION**DECLARATION**

I, _____ NRIC No. _____, of the following
Parent / Guardian

applicant _____
Name, BC / IC No.

1 The information that has been provided to Methodist Welfare Services (MWS) is accurate.

2 I am aware that MWS has the right to recover in full the Bursary amount that was given to me, if I have provided inaccurate or untrue information, or withheld any relevant information from MWS.

3 I am aware that the Bursary assistance is given for the benefit of my child/children/ward(s), for the purpose of purchasing school-related items (eg. school shoes, school textbooks) and paying of school fees (where needed).

4 Should I or my children be known to any social service agency or religious organisation, I authorise MWS to speak to my/our Social Worker.

Signature of Parent / Guardian

Date

FOR OFFICIAL USE

** MWS CENTRES / VWOs

Brief assessment and justification on how the Bursary Award would help the children.

Recommended for approval : **YES / NO**

Name of recommending centre / VWO

Name and signature of authorised person

Date: _____

MWS HQ

**** This section must be duly completed by recommending centre / VWO.**