



APPLICATION FORM

The Natsteel-SPD Education Programme Bursary Award serves to reduce the financial burden of the student with disability to encourage him/her to focus on his/her educational pursuit.

Eligibility

- Open to Singapore Citizens (S'porean) and Singapore Permanent Residents (SPR)
- Studying full-time in local mainstream primary, secondary, Pre-U, Junior College or ITE schools
- Diagnosed with a permanent physical and/or sensory disability (e.g. hearing or visual impairment)
- Gross monthly per capital household income (PCI) of \$1,100 and below*
- Must not be holding any scholarship or bursary awards
- Documentary proof of acceptance must be presented if entering first year of study.
- Documentary proof to show that student has achieved a 'Pass' in the final or semestral examinations, and able to proceed to the next level of education.
- Documentary proof to show disability.

Bursary Quantum

Educational Level	Quantum of Bursary	Disbursement Frequency		
ITE	\$1,100 per year	Twice per year		
Pre-U/Junior College	\$700 per year	Once a year		
Secondary	\$500 per year	Once a year		
Primary	\$400 per year	Once a year		

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

IMPORTANT NOTES FOR SUBMISSION OF APPLICATION

Please read the following instructions carefully.

- The submission of this application must be made together with photocopies of the supporting documents listed in Section 5. Originals must be produced for verification upon request.
- All information fields must be completed, where applicable. If not applicable, please write N.A.





SECTION 1: STUDENT PARTICULA	RS (*circle where appr	oprio	ate)					
Name as in NRIC:					Chine	se Name	(If a	oplicable):	
	Τ.								
NRIC (Only last 4 digits):	Last Application Year: Level			of study in current year:					
Cu: L:									
Citizenship:	Hom	Home Contact Number: Mobil)	Parent/Guardian Contact Num			act Number:	
☐ Singapore Citizen									
☐ Singapore Permanent Resident Email Address:	Deport / Countries Francis Address.								
Elliali Address.	Email Address: Parent/Guardian Email Address:								
Residential Address:									
Residential Address.									
SECTION 2: PARTICULARS OF FAM	/IILY M	IEMBERS							6
Name		Relationship		Date Birt	_	Marit Statu		Occupation	Gross Monthly Income
		APPLICANT							
Are you currently applying for or	n roco	int of any other				Total N	/lont	hly Gross Income	
Are you currently applying for or in receipt of any other bursary/scholarship/ study grant? (Please tick where applicable) Total Monthly Gross Income (A)									
Total no. of family members									
☐ No ☐ Yes (Pls specify:)								(B)	
If tick Yes, you agree not to accept ar grant once awarded Natsteel-SPD bu	-	bursary/scholar	ship,	/study	,	Per Cap	ital	Income (A/B)	
_		SNOSIS Ifor hor	rina	or vice	ual loc	s nls stat	o na	rtial or total loss)	
SECTION 3: DETAILS OF DISABILITY/DIAGNOSIS (for hearing or visual loss, pls state partial or total loss)									
SECTION 4: EDUCATION DETAILS									
	tion								
Current Name of School/Institution:									
Choose the level of study for bursary applied for:									
Primary: 1 □ 2 □ 3 □ 4 □ 5 □ 6 □ Secondary: 1 □ 2 □ 3 □ 4 □ 5 □									
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NITEC: $1 \square 2 \square 3 \square$ Higher I	NITEC:	1 □ 2□ 3□		Junio	or Co	llege: 1	⊔ .	2□ 3□	
Section 5: Supporting Documents (Checkli	st (pls tick all tl	he d	locum	ents v	ou have	sub	mitted with this a	pplication)
☐Completed Application Form		· ·							, ,
□ Document proof of permanent physical and/or sensory disability of applicant									
□ Latest pay slips/CPF contribution statement for the last 6 months/employment letters of all working adults residing in the									
same address									
☐ Completed Income Declaration Form AND CPF contribution statement for the last 6 months for unemployed adults/									
IRAS Assessment statement for self-			_	the sa	me ad	dress			
□ Latest results slip/progress or competency report if no exams									
\square Letter of acceptance to educational institution of next level (if applicable)									





\square NS enlistment letter or SAF 11B if sibling is in	n National Service	
$\square Student$ pass/ EZ-link card of siblings attend	ing school	
\square Copy of the front page of the applicant's bar	nk book or the top portion of the ba	nk e-statement, please ensure the name of
the applicant and bank account number is v		
☐ Copy of front & back of NRIC/Birth certificat	e of applicant and all family membe	rs residing in residing in the same address.
SECTION S. CONSENT AND DESIADATION		
SECTION 6: CONSENT AND DECLARATION		
I acknowledge that I have read SPD's Privace parent/guardian's knowledge to SPD collecting its completed Parts for the following purpose Policy for the duration from the application receive For processing my application, including ass other organisations. •For professional discussions between SPD and	g, using and disclosing the personal of the personal of the serious and disclosing the personal of the serious and evaluations, for services and evaluations, for services.	data provided in this application form and all Data Protection Act 2012 and SPD's Privacy disbursement (if awarded) of the Bursary: ices, programmes and assistance offered by
enhancing service delivery.		
•For generating social, welfare, financial, regul •To relevant government authorities, ministrallowed or required by law, regulation or any of •For public education, advocacy, outreach, fur social media.	ries, statutory boards, agencies, fur other applicable instrument, for lega	nders or any person to whom disclosure is I purposes.
•Any other purposes related to providing you	with the necessary and relevant assi	stance.
In addition, I further give my consent to t disbursement (if awarded) for:	he collection, use and disclosure	of my personal data before and after final
Contacting me regarding use and disclosure fo ☐Yes ☐No	r SPD's annual reports, newsletters a	and sharing of human-interest stories
Contacting me for public education, advocacy, \square Yes \square No	outreach, fund raising, and/or other	r related activities
For reporting to funder by SPD or in collaborat \square Yes \square No	ion with its partners (As far as possil	ble, data used will be anonymised)
Applicant's Name		South County of Data
Applicant's Name	Арріїс	cant's Signature & Date
Parent/Guardian to sign for applicant below 1	8 years old:	
Parent/Guardian's Name P	arent/Guardian's Name & Date	Relationship to Applicant

Note:

- 1. Late submission or incomplete application form will not be processed.
- 2. Incomplete or lack of documentary proof will not be processed.
- 3. An acknowledgement email 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. Email this application form with the required documents to schemes@spd.org.sg.





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ether with this Income Declaration Form t and accurate. If there is a deliberate fa hhold/terminate all bursary disburseme
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Name (in BLOCK LETTERS, as in NRIC:	
Relationship to Applicant (e.g. parent, grandparent, brother):
I am unable to produce my *Pay slip/ Letter of employment/Income Currently unemployed Non-Singaporean/Social Pass Holder/Visit Pass Holder. Sub Undertaking *odd jobs/part-time/ temp/freelance work/se	omit a copy of the passport or pass
Details of odd job/part-time,	/temp/free-lance job
Name of Company/Employer/Business Owner	
Nature of job/businesss	
Monthly Average Income	
Other Information	
Contribution History OR CPF Transactional History for the last 6 mo For self-employed, please submit latest IRAS Assessment statement I declare that all the information provided by me in this form is true declaration of my financial status on this form, SPD reserves the rig to the applicant and/or family.	e, correct and accurate. If there is a deliberate false
Name of Declarant	Signature/Thumbprint /Date
Name (in BLOCK LETTERS, as in NRIC:	
Relationship to Applicant (e.g. parent, grandparent, brother):
I am unable to produce my *Pay slip/ Letter of employment/Income Currently unemployed Non-Singaporean/Social Pass Holder/Visit Pass Holder. Sub Undertaking *odd jobs/part-time/ temp/freelance work/se	omit a copy of the passport or pass
Details of odd job/part-time,	temp/free-lance job
Name of Company/Employer/Business Owner	
Nature of job/businesss	
Monthly Average Income	
Other Information	
For unemployment, odd jobs,part-time, temp and freelance worke Contribution History OR CPF Transactional History for the last 6 mo For self-employed, please submit latest IRAS Assessment statement I declare that all the information provided by me in this form is true declaration of my financial status on this form, SPD reserves the rig to the applicant and/or family.	nths together with this Income Declaration Form. e, correct and accurate. If there is a deliberate false