

## BCS BURSARY INFORMATION SHEET

### Purpose

The purpose of the bursary is to support students from low-income to lower middle-income families with educational expenses such as textbooks, workbooks, stationery, and uniforms to encourage them to continue their hard work and efforts.

### Eligibility

1. The bursary is open to students aged 10 to 15 years old, and who are Singaporeans or Permanent Residents.
2. **Applicant must live or study within the Serangoon or Hougang area.** Applicants must be attending a government, government-aided school/institution or school/institution for children with special needs.
3. Applicants' household should not exceed a monthly (gross) Per Capita Household Income (PCI) of \$850 or below. This is computed by taking the Total Income of everyone in the household divided by the number of people in the household.
4. Assessment will take into account family circumstances e.g. number of dependents such as elderly grandparents, other siblings who are studying, family members who are ill.
5. It is a plus if applicants exhibit good conduct, with fair school attendance and preferably at least a B in all subjects.
6. A teacher must write a recommendation to support the applicant's application.
7. Applicant must not be receiving a bursary or scholarship from other organisations such as Ministry of Education, Voluntary-welfare Organisations, Self-help groups.
8. Only one award is given to each family.
9. Priority will be given to first-time applicants but students who have received the bursary before can apply for the bursary the following year.

### Conditions of the Bursary

1. The decision of the Bursary Awards Committee will be final.
2. Successful applicants will be required to spend 6 hours volunteering at BCS programmes. This can be counted as VIA hours.

### Benefits and Closing Date for Submission

1. Successful applicants will receive a bursary of \$300 for Primary School going students and \$400 for Secondary School going students.
2. Application form and supporting documents must be submitted by **30<sup>th</sup> September 2024**.

### Receiving the Award

1. Successful applicants **must attend** the presentation ceremony to receive the Bursary Award in person. Details will be sent in the notification letter.

APPLICANTS TO RETAIN THIS PAGE FOR THEIR KEEPING.



## BCS BURSARY APPLICATION FORM

Please send application form to:

The Chairperson  
Bless Bursary Awards Committee  
Bless Community Services  
242 Yio Chu Kang Road  
Singapore 545671

For official use only	
Date Received:	
Application No.:	

### **INSTRUCTIONS**

1. Please read the information carefully before you fill up this form.
2. Please enclose photocopies of **ALL** the **supporting documents**:
  - a) Applicant's birth certificate
  - b) Applicant's latest academic result slip (Term 3 assessment results 2024)
  - c) Parent's / Guardian's NRIC (both sides)
  - d) Latest CPF contribution history OR payslips OR income tax returns OR employment letters of parents(s) / guardian and other working family members
  - e) Self-declared letter of income from housewives, odd-job workers and the unemployed
  - f) Parents' 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 should reach us by **30<sup>th</sup> September 2024**. Any 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 the end of October.

### **EDUCATION LEVEL (Please tick)**

Primary level       Secondary level       Special Education

## **(A) STUDENT & FAMILY'S INFORMATION**

### **PERSONAL PARTICULARS**

Full Name (As in Birth Certificate)		Last 4-digits and letter of NRIC	
Nationality	<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others, pls specify: _____		
Race	<input type="checkbox"/> Chinese <input type="checkbox"/> Eurasian <input type="checkbox"/> Indian <input type="checkbox"/> Malay <input type="checkbox"/> Others: _____		
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (DD-MM-YYYY)	Home Tel	Mobile No  Whose contact (pls delete): <i>Mother/Father/Grandparent/ Sibling</i>
Address		Email	
School		Level/Stream	
Educational Level/ Stream		Any siblings applying for the same Bursary Awards? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you received the BCS Bursary before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which year did you receive it? _____			

### **MOST RECENT GRADES: (Based on Term 3 Assessment)**

English	Chinese / Mother tongue if applicable	Math	Science

**HOUSING INFORMATION**

Housing Type	<input type="checkbox"/> 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"/> EC
	<input type="checkbox"/> Non-HDB Flat	<input type="checkbox"/> Condominium <input type="checkbox"/> Landed property <input type="checkbox"/> Others: _____
Housing Ownership	<input type="checkbox"/> Owned <input type="checkbox"/> Rented <input type="checkbox"/> Others: _____	

**HOUSEHOLD MEMBERS' DETAILS**

Family Member's Name	Relationship to Student	Occupation (if student, pls indicate "student" and education level)	Monthly Gross Salary

For staff use: PCI: \_\_\_\_\_

## **(B) FINANCIAL INFORMATION**

### **OTHER SOURCES OF INCOME**

Is your family receiving other sources of income?

Yes  No

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

Rental income:

\$ \_\_\_\_\_

Wife/child maintenance:

\$ \_\_\_\_\_

CPF retirement withdrawal:

\$ \_\_\_\_\_

Fixed deposits/unit trust/ investments:

\$ \_\_\_\_\_

Others (Please specify income source and amount received):

\_\_\_\_\_

### **FINANCIAL ASSISTANCE**

Are you receiving any of the following assistance in the past 6 months?

Type (Please tick)	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"/> Social Service Office			
<input type="checkbox"/> Family Service Centre			
<input type="checkbox"/> Religious Organisation			
<input type="checkbox"/> Hospital			

Type (Please tick)	Name of Organisation / Contact Person	Date / Period	Amount
<input type="checkbox"/> Relatives (not living in the same household)			
<input type="checkbox"/> Others			

**REASON(S) FOR APPLICATION**

How do you intend to use the bursary money?

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

I, \_\_\_\_\_ (\*Parent/Guardian), NRIC No. \_\_\_\_\_,

of \_\_\_\_\_ (Name of Applicant), 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 Bless Community Services 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 Bless Community Services 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 Bless Community Services.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of \*Parent/Guardian

\_\_\_\_\_  
Date

### **(C) SCHOOL AND ACADEMIC INFORMATION**

Name of School	
----------------	--

#### **ACADEMIC RESULTS**

Please submit photocopies of the latest mid-term or year-end 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"/> Excellent

#### **SCHOOL RECOMMENDATION**

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

Name of School Official: *Dr/Mr/Ms/Miss/Mdm	
Designation	
Tel No.	Fax No.
Comments by School Official	
I recommend / do not recommend* his/her application. <i>*Please delete one.</i>	
_____	_____
Signature and Date	School Stamp



