

**ELIGIBILITY CRITERIA**

- Applicant must be a Singapore Citizen/ Singapore Permanent Resident.
- Gross monthly household income must not be more than \$4,000; or monthly per capita income must not be more than \$1,000 per household member.
- Applicant must be a full-time student in one of the following ITE colleges:
  - College Central
  - College East
  - College West
- Applicants are encouraged to apply for the CDC & CCC-ITE Bursary.
- Applicants in receipt of other Bursary or Scholarship must ensure that they have complied with the terms and conditions of the award offered\*
- The bursary award has an in-principle approval for 2 years (subject to applicant's submission of end of year result and successful promotion to year 2 or 3 of study).
- Students in first year of study are highly encouraged to apply.
- **Successful applicants will have to attend 1 compulsory personal development workshop and 1 volunteer activity.**

All sections of the form must be completed and applications must be accompanied with the relevant supporting documents. Tick (v) in the checklist the documents that have been attached to this application.

**Important: Incomplete application form or application with missing supporting documents will not be processed.**

**CHECKLIST OF SUPPORTING DOCUMENTS**

- Photocopy of Birth Certificates/NRICs of applicant and **all** household members (both sides)
  - Address must be the same as that of applicant
- Copy of Student Pass/Matriculation Card belonging to the applicant **OR** official letter of acceptance into the course of study from the institution.
- Latest 3 months pay slips/CPF Contribution History or Income Tax assessment of all working adults in the household. Self-employed individuals must submit latest income tax assessment document.
- Latest CPF Contribution History of all non-working adults in the household **OR** letter of declaration.
- Proof of receipt of other bursary and scholarships as declared in application.
- Other latest supporting documents that may justify the need for another bursary.\*

For further enquiries, please contact AMP at 6416 3966 or email [corporate@amp.org.sg](mailto:corporate@amp.org.sg).

Please return your completed form to:

**Learning Access Foundation ITE Award  
c/o Association of Muslim Professionals  
1 Pasir Ris Drive 4  
#05-11  
Singapore 519457**

**LEARNING ACCESS FOUNDATION ITE AWARD 2018**

<b>APPLICANT'S PARTICULARS</b>	
Name: _____	Gender: <input type="radio"/> Female <input type="radio"/> Male
NRIC No. _____	Marital Status: <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Separated <input type="radio"/> Divorced
Date of birth (dd/mm/yy): _____	Type of Housing: <input type="radio"/> 1-2Rm <input type="radio"/> 3Rm <input type="radio"/> 4Rm <input type="radio"/> 5rm <input type="radio"/> Others: _____
Citizenship: <input type="radio"/> Singapore Citizen <input type="radio"/> Permanent Resident	Type of Residence: <input type="radio"/> Rented <input type="radio"/> Owned
Race: <input type="radio"/> Malay <input type="radio"/> Chinese <input type="radio"/> Indian <input type="radio"/> Others: _____	
Contact No: (Home) _____	*Email: _____
(HP) _____	
Address: _____	
_____ S ( _____ )	

**Household Members Information** (excluding applicant)

Name	BC or NRIC	Relation to Applicant	Occupation	Gross Monthly Income

**Education Details**

\*circle where applicable

ITE College	College Central / College East / College West *		
Level	Nitec / Higher Nitec *		
Intake	January / April*	Year	
Course Name			
Graduation Year			

**Other Bursary, Scholarship or Financial Assistance Received By Applicant**

Are you receiving bursary, scholarship or financial assistance from any other organisation/person?

- Yes, please provide details below                       No

Name of Award/Description	Year of Award	Amount Received (\$)	Awarded by

**Briefly describe why you are applying for the Learning Access Foundation ITE Award and how the award will be used?**

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**Are you or is any of your family member(s) a current/past beneficiary of AMP?**

- Yes, please provide details below     No

Name	Programme	Year

**Volunteer Activity**

Please tick the month(s) you are available to fulfil the 1 volunteer activity:

- June 2019 – Admin. support
- June 2019 – Event support
- September 2019 - Youth engagement
- September 2019 – Admin. support
- November 2019 – Admin. support
- November 2019 - Event support

**Future Events**

Would you like to be contacted for future events organised by AMP?

- Yes     No

**Declaration by Applicant**

I hereby declare and acknowledge the following:

1. The information given herein and hereto is true and correct to the best of my knowledge.
2. Misrepresentation or any omission of facts will be sufficient cause for this application to be rejected.
3. Full or partial refund of award quantum is required should there be a **voluntary withdrawal/expulsion** from the course of study.
4. I understand that the collection, use and disclosure of personal data from this form is limited to the use of this programme. I also understand that case studies may be used to highlight the benefits of the award and used as reference in AMP’s publications. Interviews can take in the form of media coverage or other appropriate form.
5. I authorised AMP to obtain and verify any part of the information given by me from or with any source, as it deems appropriate.
6. I understand that pictures taken during events or interviews may also be reproduced in AMP’s publication or articles relating to AMP.
7. I am aware that successful applicants of this bursary is required to attend a compulsory personal development workshop and volunteer activity.
8. I agree to abide by the decision of the approving committee and understand that all decisions made are final.

\_\_\_\_\_  
(Signature)

Name:

NRIC:

Date:

**FOR OFFICIAL USE – To be completed by AMP Officer**

No. of household members	
Total gross household income	\$
Per capita income	\$

Application status:       Approved                       Rejected

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Name & Signature of Processing Officer

\_\_\_\_\_  
Date

**FOR AMP MANAGEMENT TEAM’S APPROVAL**

Application status:       Approved                       Rejected

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Name & Signature of Approving Manager

\_\_\_\_\_  
Date