

ALWEHDAH BURSARY APPLICATION 2018 (POLYTECHNIC)

ELIGIBILITY CRITERIA

To apply for the Alwehdah Bursary 2018, applicants must fulfill the following eligibility criteria:

- Applicant must be a Singapore Citizen of Hadrami descent (through Maternal and/or Paternal side).
- Current recipients of bursaries/scholarships from other organizations are welcome to apply.
- Applicant must already be accepted into or be currently pursuing a full-time degree course in one of the following institutions:-
 - Nanyang Polytechnic (NYP)
 - Ngee Ann Polytechnic (NP)
 - Republic Polytechnic (RP)
 - Singapore Polytechnic (SP)
 - Temasek Polytechnic (TP)
 - Certified Private Education Institutions based in Singapore
- **NOT APPLICABLE for University students graduating before Aug 2018.**

All sections of the form must be completed and applications must be accompanied by relevant supporting documents. As a guide, tick (✓) in the checklist below the documents that have been attached to this application.

IMPORTANT: Incomplete application forms or applications with missing supporting documents will not be processed.

CHECKLIST OF SUPPORTING DOCUMENTS

- Copy of Birth Certificates/NRICs (front & back) of applicant and all household members.
- Copy of Student Pass/Matriculation Card belonging to the applicant OR copy of applicant's official letter of acceptance into the course of study from the institution.
- Latest transcript for the previous year OR 'O' Level results for first year students
- Latest 3 months pay slip OR CPF Contribution History OR Income Tax assessment for each working adult (including self-employed) in the household.

For further enquiries, please contact Alwehdah at 6747 5590 or email info@alwehdah.org

Closing date for all applications: 30 APR 2018

Please return your completed application form with supporting documents to:

The Arabs' Association (Alwehdah)

No.11 Lorong 37 Geylang

Singapore 387908

ALWEHDAH BURSARY APPLICATION 2018 (POLYTECHNIC)

INSTRUCTIONS

1. Please type or write clearly. Please use BLOCK LETTERS.
2. Type or write your name in full as it appears in your NRIC and underline your surname.
3. Copies of relevant documents must be attached.
4. Closing date of applications: **30 APR 2018**

Attach recent
applicant
photograph

APPLICANT'S PARTICULARS

A PARTICULARS OF APPLICANT		
<i>Name of applicant as in NRIC</i> <i>Name in Bank account, if different :</i>	<i>NRIC no.</i>	
<i>Home address</i>	<i>Gender</i> <input type="checkbox"/> Male <input type="checkbox"/> Female	<i>Marital status</i>
<i>Mailing address (if different from above)</i>	<i>Home telephone no.</i>	<i>Handphone no.</i>
<i>Housing type</i> <input type="checkbox"/> 1-2 Rm HDB <input type="checkbox"/> 3 Rm HDB <input type="checkbox"/> 4 Rm HDB <input type="checkbox"/> 5 Rm/Exec. HDB <input type="checkbox"/> Condominium <input type="checkbox"/> Landed property <input type="checkbox"/> Owned (self/family) <input type="checkbox"/> Rented	<i>Date of birth</i>	<i>Country of birth</i>
	<i>E-mail address</i>	
	<i>Race</i> <input type="checkbox"/> Arab <input type="checkbox"/> Malay <input type="checkbox"/> Chinese <input type="checkbox"/> Indian <input type="checkbox"/> Others (specify):	

FOR OFFICIAL USE ONLY						
<table style="width: 100%; border: none;"> <tr> <td style="width: 20%;"><i>A</i></td> <td style="width: 20%;"><i>REJ</i></td> <td style="width: 20%;"><i>PD</i></td> <td style="width: 40%;"><i>KIV</i></td> </tr> </table>	<i>A</i>	<i>REJ</i>	<i>PD</i>	<i>KIV</i>	<i>Received:</i>	<i>Ref. no.:</i>
<i>A</i>	<i>REJ</i>	<i>PD</i>	<i>KIV</i>			
<i>Remarks:</i>						

B COURSE DETAILS	
<i>Name of Polytechnic course applied for/currently attending</i>	
<i>Name of institution</i>	<i>Duration of course</i>
<i>Address of institution</i>	<i>Course commencement date (mm/yyyy)</i>
	<i>Course completion date (mm/yyyy)</i>

C PARTICULARS OF PARENTS			
<i>Father's name</i>		<i>Mother's name</i>	
<i>NRIC no.</i>	<i>Age</i>	<i>NRIC no.</i>	<i>Age</i>
<i>Address (if different from Applicant's home address)</i>		<i>Address (if different from Applicant's home address)</i>	
<i>Home telephone no.</i>	<i>Handphone no.</i>	<i>Home telephone no.</i>	<i>Handphone no.</i>
<i>Occupation</i>	<i>Gross monthly income</i>	<i>Occupation</i>	<i>Gross monthly income</i>
<input type="checkbox"/> Full-time employment <input type="checkbox"/> Part-time employment <input type="checkbox"/> Own business <input type="checkbox"/> Retired		<input type="checkbox"/> Full-time employment <input type="checkbox"/> Part-time employment <input type="checkbox"/> Own business <input type="checkbox"/> Retired	
<i>Name and address of employer/own business. If retired, state name and address of previous employer/own business.</i>		<i>Name and address of employer/own business. If retired, state name and address of previous employer/own business.</i>	
<i>Office telephone no.</i>		<i>Office telephone no.</i>	

D PARTICULARS OF ALL BROTHERS AND SISTERS (LIVING IN THE SAME HOUSEHOLD)							
<i>Name</i>	<i>Gender</i>	<i>Age</i>	<i>Marital status</i>	<i>No. of children (if any)</i>	<i>Occupation (if studying, state level of education and name of school/institution)</i>	<i>Contact no.</i>	<i>Gross monthly income</i>

E DECLARATIONS AND CONSENT																				
<p>Is the applicant receiving financial assistance, bursary or scholarship from any organization/person?</p> <p><input type="checkbox"/> Yes (see below) <input type="checkbox"/> No</p> <p><i>If yes, please provide details below:</i></p> <table border="1"> <thead> <tr> <th>Name of organization/person</th> <th>Type of Assistance</th> <th>Period of Assistance</th> <th>Amount Received (S\$)</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </tbody> </table>	Name of organization/person	Type of Assistance	Period of Assistance	Amount Received (S\$)																
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<p>Note on Media Coverage</p> <p>Successful recipients of the award may be interviewed by the media.</p>																				

Letter Statement

Do you wish to provide any additional information in support for your application?

Are you a member of Alwehdah?

Describe the Alwehdah activities you have participated in 2017 (if any).

I declare that all information given herein and hereto is true and correct to the best of my knowledge. I understand that a misrepresentation or any omission of facts will be sufficient cause for this application to be rejected. I acknowledged that I would have to refund the full or partial award quantum should there be a voluntarily withdrawal from the course of study. I also agree to abide by the decision of the approving committee.

Date of Application

Signature of Applicant