**TEMASEK HALL BURSARY APPLICATION FORM**

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| The application form must be completed by the applicant and returned to : | | |
|  |  | National University Of Singapore – Temasek Hall |
|  |  | 12 Kent Ridge Drive |
|  |  | Singapore 119243 |
|  |  | **Attention: Ms H V Christine** |
| **APPLICATION FORM** | Complete **ONE** copy of the application form. | |
| SUPPORTING DOCUMENTS & PHOTOGRAPHS | **ONE** photocopied set of all supporting documents and **ONE** recent passport size photograph must be attached to this application. The photograph should be pasted on the application form. Supporting documents that are not in English must be accompanied by an English translation of the document. Alternatively, you are encouraged to submit a single PDF version of this application and accompanying documents in a single PDF file or in a zipped file and email to **tehhvc@nus.edu.sg**. A confirmation email will be sent to you. If you do not receive an acknowledgement, please contact the Hall Office as soon as possible. | |
| **COMPLETION OF APPLICATION FORM** | All sections of the form must be answered. If any section of application form does not apply to you, insert ‘**NIL**’ or **‘NOT APPLICABLE’.** | |
| **REJECTION OF APPLICATION** | Temasek Hall reserves the right to reject applications that are deemed unsuitable, incomplete or inaccurately completed. | |
| **INACCURATE OR FLASE INFORMATION** | You must give all information requested in the form. Inaccurate or false information or omission of material information will render this application invalid. | |
| **SUBMISSION OF APPLICATION FORM** | **Applications should reach Temasek Hall Admin Office by 5 pm on Monday 3 April 2017.** | |

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| **1. PERSONAL PARTICULARS** | |
| Name: | Please scan or affix a photo in this space for complete application |
| Home Address: |
| Home Tel: |
| Term Address: (Room No:\_\_\_\_\_\_\_\_\_\_\_\_) |
| Term Tel: |
| NRIC/Fin/Passport No.: (with official ref.) | Matriculation No: |
| Nationality/Citizenship: | Race: |
| Date and Place of Birth: | Gender: |
| E-mail: | Mobile No: |

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| **2. ACADEMIC PARTICULARS** | |
| Faculty: | Course and Year of Study (eg. B.A. ) |
| Major subjects taken: | |
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| CAP (**Please indicate CAP and other awards obtained eg. Dean’s List & attach academic transcript**) | |
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| Are you currently a recipient of either the Residential Programme Bursary (RPB) or any scholarship that incorporates an accommodation allowance?  If YES, please specify. | |
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| **3. CO-CURRICULUM ACTIVITIES  (Please use separate sheets, if necessary)** | | | |
| **3.1 Committees on which you have served (or are currently serving), as an office-bearer:** | | | |
| **University/School/Hall Level** | | | |
| Period served | | Office held | |
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| Year  (eg. Nov 2001) | Sport/Activities  (eg. Soccer/Cultural/Talk) | | Level  (eg. University/Hall) |
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| **3.3 Other activities at leadership level:** | | | |
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| **3.4 Letters of Support/Referees: (Please attach)** | | | |
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| **4. FINANCIAL POSITION**  (Information provided must include all immediate family members i.e. parents, yourself, brothers & sisters. If you are married, include your spouse and children). | | | |
| **4.1 Total family monthly income earned by the following working family members:** **(if family income is zero, you must justify, on a separate sheet, how your family lives without Income. Photocopies of pay slips and NRIC ( front & back) of family members; inclusive of yourself mentioned must be accompanied in this application** ) | | | |
| Name of Parent/Guardian/Family Members | Age | Occupation & Name of Employer/  Business (if self-employed) | Gross income/  Pension per month  S($) |
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|  |  |  |  |
| Total: | | |  |

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| **5. DECLARATION** |
| I declare that the information stated in this application and the attachments are true to the  best of my knowledge and belief, and that I have not willfully suppressed any material fact.    Date: ....................................... Signature of Applicant: ...................................... |

**All information given will be kept strictly confidential.**

**For Official Use**

Bursary Awarded:

Remarks:

Supported By:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: Name: Name:

Designation: Designation:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved By:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Designation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_