MEE TOH SCHOOL INTENT FOR BURSARY APPLICATION 2025

| | | 111 | II LIVII I OK | DUNSAN | IAFFE | ICATION 2 | 023 | | | |
|--|-----------------------|---|-------------------|--------------|----------------------------|-----------------------|------------------|---------------|--------------|--|
| Name of Student (BLOCK LETTERS): | | | | | | Parent's Contact No.: | | | | |
| Student's Identification No. (e.g., TXX12345X) | | | | | Student's Date of Birth: C | | | Class: | Class: | |
| Only 1 child/war | the letter. PI | ease only su | | | | | oursary if he/sh | e meets the | conditions | |
| AMILY FINANC ist only those fa | | _ | ne SAME ho | use. and r | names o | f deceased | or divorced pa | rents, if apr | olicable) | |
| Relationship | Name | | NRIC N | | D. Occupat | | | | Gross Income | |
| Father | | | | | · | | | | | |
| Mother | | | | | | | | | | |
| Siblings (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| Other family member (1) | | | | | | | | | | |
| Other family member (2) | | | | | | | | | | |
| | | | | | | Total Gros | ss Salary in the | • | | |
| there is no ear | ned incom | e, please sta | te source o | f family ir | ncome a | nd amoun | t received: | | | |
| I declare that m | nv child / wa | rd is NOT a r | ecipient und | er the M∩ | F-Finan | cial Assista | nce Scheme (F | FAS) | | |
| . I declare to t | - | <u> </u> | - | | | | • | | | |
| . I understand | that any in | complete or | false inforn | nation fille | e d in this | Application | | | hild from | |
| receiving the | school lette | er and the app | olication forn | n given by | the orga | nisations. | | | | |
| Father's / *Moth | her's Signat | ure (*Please | circle): | | | | _Date: | | | |
| OR OFFICE US | | o-form Teach | er: | | | | | | | |
| | | Т | | | | _ | | ? | | |
| Total Gross Salary in the Household (a) | | No. of family members including pupil (b) | | | | Per. capita in | | | | |