NATIONAL UNIVERSITY OF SINGAPORE FACULTY OF ARTS AND SOCIAL SCIENCES DEPARTMENT OF SOCIAL WORK

Application for Alice Goh Scholarship for Social Work Undergraduate, Master (coursework) and Graduate Diploma Students

1. PERSONAL PARTICULARS					
Name:			Matriculation N	o.:	
Home Address:			Tel No.:		
Mailing Address (not applicable if same as above):				Tel No.:	
				H/P No.:	
				Email:	
Nationality:			NRIC/Passport	No.:	
Faculty, Course, Department, Year of Study in current semester:					
Latest GPA:					
2. FINANCIAL POSITION					
Note: All information on income must be a tax statement. For self-employed member					
2.1 Information provided must include all immediate family members i.e. parents/guardians, brothers & sisters (including those married). If you are married, include your spouse and children.					
(a) Yourself and names of immediate family members	Age	Marital	Relationship to applicant	Occupation/ Business (To indicate name of Company/ School)	Monthly gross income from all sources e.g. salary, rental, interest income, pension/CPF, etc.
(h) Not storing with applicant hat					Manth
(b) Not staying with applicant but contributing to the family					Monthly contributions
	I	<u>l</u>	l	Total:	

2.2 Please indicate accordingly:				
a) Are you or any of your family members listed in 2.1 (a) a bankrupt? Yes / No			Yes / No	
b) Are you or any of your family members listed in 2.1 (a) suffering from any physical or Yes / No mental disability?				
c) Are you or any of your critical illness?	c) Are you or any of your family members listedin 2.1 (a) suffering from any terminal or Yes / No			
d) Do you have a sibling	or siblings currenly stud	dying in a tertiary institu	tion?	Yes / No
2.3 If your family incom	me is zero, please exp	olain below how your f	amily lives v	without income.
3. OTHER AWARDS/F	FINANCIAL ASSISTAN	ICE SCHEMES		
3.1 Have you applied for at Faculty or department				ing those offered
Name of Award/Loan	Date of Application	Duration of Award	Amount	Outcome of
			Granted	Application
				1
3.2 Have you or your family members applied for any other organizations' Scholarships/Bursaries/ Loans? If yes, please furnish details below.				
Name of Award/Loan	Date of Application	Duration of Award	Amount Granted	Outcome of Application
			Granted	Аррисацоп
3.3 Do you or your fan	nily members have ot	 her financial sources (e.g. financia	I assistance from
relative, friends, church	hes or part-time job/tu inancial Assistance	ition? Please furnish o		W. Amount
	mancial Assistance	Date earner	uneceiveu	earned/received
(a) Tuition/Part-time job	*Yes [□ No □		1
If yes, please furnish details:				
(b) Other financial assistance *Yes □ No □				
If yes, please furnish details:				
* Please tick (√) accordingly				
3.4 restrictions to acce Would you accept finance	•		t of your	Yes / No
faith?	iai aid ii oi ii a religious c	organisation which is no	t or your	1657110
3.5 Type and status of	f residence in your ho	me country		
(a) Owner-Occupied				
() Bungalow/Semi-Detached/Terrace House/Private Condominium/Exec. Apartment, etc.				
() 4 to 5-room flat - *Fully paid \square By instalment \square				
()1 to 3-room flat - *Fully paid □ By instalment □				
() Attap/Wooden House () Others (please specify):				

(b) Rented					
Type of housing (e.g. 2-room flat):	Type of housing (e.g. 2-room flat):				
* Please tick ($$) accordingly					
4. CO-CURRICULAR ACTIVITIES					
4.1 Committees served or currently s	serving (e.g. as an office-bear	er)			
(a) In Pre-University:	(a) In Pre-University:				
Period Served	Position Held	Name of Committee			
(b) In University:		I			
Period Served	Position Held	Name of Committee			
4.2 Sports at Pre-University/University	ty (state level of participation)			
Name of Sport	Year	Level (e.g. university)			
4.3 Representative at School/Faculty	/University/National levels in	talks, debates and other			
Year	Act	tivities			
4.4 Other activities at leadership leve	<u> </u>				
4.4 Other detailed at leadership leve	,1				
4. DECLARATION					
I declare that the information stated in this application and the attachments are true to the best of my knowledge and belief, and I have not wilfully suppressed any material fact.					
Date:	Signature of Applicant:				

Supporting Documents: • NRIC

- Unofficial transcript
 Latest pay slips of all working family members in the household, including yourself

Name of Applicant	
Matriculation No.	

DECLARATION OF INCOME (ONLY FOR SELF-EMPLOYED PERSONS)

Note: This form should only be completed by a working member of your family who is unable to produce documentary evidence of their monthly income.

This is to confirm that I, Mr / Mdm	/ Ms *, Identity Card /
Passport * No.:	, hereby declare that my occupation is
	(Full-time / Part-time *) and that my total
monthly / annual * salary is	·
(r	no conversion of currency is required)
I also affirm that all the information belief and I have not willfully suppl	n stated in this form is true to the best of my knowledge and ressed any material fact.
Signature	Date

^{*} Delete where applicable