	For Office Use:
Keyed in number:	
Received on:	
Per Capita Income:	

## CHETTIARS' TEMPLE SOCIETY 15 TANK ROAD, SINGAPORE 238065 Tel: 6737 9393 Fax: 6735 0804

## **CTS EDUCATION AWARDS 2018**

## APPLICATION FORM [Closing date: 30 November 2017]

AWARD APPLYING FOR: Scholarship / Bursary#

I. APPLICANT'S PARTICU	LARS		
Name (as in B.C./NRIC):			
B.C./NRIC No.:		Citizenship:	
Home Address:		Tel No:	
		Singapore (	)
Date of Birth:	Race & Religion:	Sex: Male /	Female
Name of School:		Class/Level:	
No. of brothers & sisters (excluding the applicant) : (	) No. studying : (	) No. working : (	)
Are you currently receiving any some or Bursary/financial assistance? please provide details.			
Have you or your family member received any award from our tem If yes, give details.			
MARKS OBTAINED FOR TAMIL LANGUAGE (if applicable)	-		

(II) PARTICULARS OF FAMILY MEMBERS*							
<ul> <li>Details of all family members living in the same household must be included*</li> <li>A copy of the latest pay slip must be submitted for all employed family members</li> </ul>							
Name & NRIC	Relationship	Age	Tel	Occupation	Gross income*		
III. DECLARATION BY PARE	NT / GUARDI	Δ <b>Λ</b> /					
I declare that to the best of my knowledge the information given above is true and correct. I understand that my application will be rejected if information given by me is false or incomplete.							
Name & Signature of father / mother / guardian Date			_				
IV. SCHOOL PRINCIPAL'S RECOMMENDATION							
Name & Signature of Principal Date School Stamp							
Name & Signature of Principal			Date	School	ol Stamp		

- \* A CERTIFIED COPY of each of the following documents must be submitted along with the duly completed application form, for consideration:
  - Copy of applicant's Birth Certificate.
  - Results of ALL the Term Examinations/Assessments for the year 2017.
  - Applicants for bursary awards must submit documentary evidence of gross monthly income of all employed family members. (e.g.: Pay Slips, or Salary Certificate, or CPF Contribution statement or Notice of Assessment from IRAS)
- \* Complete the application from in caps using black/blue ink

VI. MANAGEMENT COMMIT	TEE'S DECISION	
Approved/Not Approved		
Signature of Chairman	Signature of Secretary	Signature of Member
 Date	 Date	 Date