

SIT GRADUATE SCHOLARSHIP APPLICATION FORM

PHOTOGRAPH
(Please affix
your photo
here)

IMPORTANT INFORMATION:

Please read the following instructions carefully.

1.	This application must be accompanied by copies of the documents listed in (4) below. The originals should NOT be forwarded but must be produced later.	<p>Email: GraduateScholarship@SingaporeTech.edu.sg</p> <p>or</p> <p>Mail: Singapore Institute of Technology 10 Dover Drive Singapore 138683 Attention: Human Resources Division – SIT Graduate Scholarship</p>
2.	All attachments to your application must bear your name. Documents submitted in support of the application are not returnable.	
3.	All information required must be supplied. If not applicable, write N.A. False particulars or wilful suppression of material facts will render you liable to disqualification.	
4.	<p>Please complete and submit the application form together with the following:</p> <ul style="list-style-type: none"> One passport-sized photo (affixed on this form) Copy of NRIC / Passport For those who have completed National Service, a copy of the Certificate of Conduct should be attached Educational certificates and academic transcripts Supporting documents, i.e. letters of recommendations, testimonials Letter of Acceptance from the relevant educational institution (if applicable) <p>Please note that only shortlisted applicants will be contacted for interviews.</p>	

1. AREAS OF STUDY	
a. Please rank the programmes from 1 to 5 in order of preference with most preferred choice ranked 1 & least preferred choice ranked 5	b. Please select 1 discipline per programme
a. Programmes	b. Disciplines
[] Accountancy	<input type="checkbox"/> Auditing
[] Engineering	<input type="checkbox"/> Advanced/Intelligent Manufacturing <input type="checkbox"/> Naval Architecture <input type="checkbox"/> Power Engineering
[] Health Sciences	<input type="checkbox"/> Diagnostic Radiography <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Physiotherapy <input type="checkbox"/> Nursing
[] Hospitality	<input type="checkbox"/> Hotel Management <input type="checkbox"/> MICE
[] Infocomm Technology	<input type="checkbox"/> Cyber Security <input type="checkbox"/> Software Engineering <input type="checkbox"/> Telematics

2. APPLICATION FOR ADMISSION TO EDUCATIONAL INSTITUTIONS				
Have you made any application to any educational institutions? (If yes, please furnish details below : (please attach a separate sheet of paper if there is insufficient space)				
Date Applied	Educational Institution Applied	Course	Outcome of Application	Date of Intended Commencement

3. PERSONAL PARTICULARS		
<input type="checkbox"/> Prof <input type="checkbox"/> Dr <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms		Name in Chinese Characters (if applicable)
Full Name as in Identity Card/Passport (underline Family Name)		
Home / Postal Address	Home Tel No	
	Mobile Tel No	
	Email Address	
Foreign Address (if different from Home / Postal Address)	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Others _____	
<input type="checkbox"/> Singapore Citizen (Pink IC) <input type="checkbox"/> Singapore PR (Blue IC) (Please attach a copy of Entry Permit) Date of SPR obtained (dd/mm/yy): _____		For Foreigners only PP/FIN Number _____ Place of Issue _____ Date of Expiry (dd/mm/yy) _____
Identity Card No		National Service Status (If applicable) <input type="checkbox"/> Completed <input type="checkbox"/> Regular <input type="checkbox"/> Exempted National Service Type: *RSAF / SAF / RSN / SCDF / SPF (*please delete accordingly)
Date of Birth (dd/mm/yy)		
Country of Birth		
Race		Service Period (From dd/mm/yy to dd/mm/yy)
Religion		Vocation
Nationality		Rank

4. FAMILY BACKGROUND

Relationship	Name	Gender	Nationality	NRIC/PP/FIN	Birth Date (dd/mm/yy)	Occupation	Employer
Spouse							
Children							

5. EMERGENCY CONTACT PERSON

Name:		Relationship:		Contact No.:	
-------	--	---------------	--	--------------	--

6. EDUCATION BACKGROUND & PROFESSIONAL QUALIFICATIONS

Name of Awarding Institution / Institution Attended	Country	From (dd/mm/yy)	To (dd/mm/yy)	Mode of Study (FT/PT/Distance Learning)	Highest Qualification Attained & Major (attached certificates and transcripts)

7. LANGUAGE PROFICIENCY (Please indicate 'Excellent, Good or Fair')

Language	Written & Spoken	Written only	Spoken only

8. EMPLOYMENT HISTORY (Please list in chronological order)

From (dd/mm/yy)	To (dd/mm/yy)	Employer (please indicate country if not in Singapore)	Designation	Basic Monthly Salary	Allowance	Annual Wage Supplement (Yes/No)	Variable Bonus	Reason(s) for Leaving

9. PROFESSIONAL/ CHARACTER REFEREES

Salutation & Name	Employer & Designation	Email Address	Mobile Tel No	Relationship	Years known

10. OBJECTIVE OF PURSUING THIS SCHOLARSHIP

Please elaborate on (in no more than 500 words):

- Why you wish to pursue this scholarship
- Why you should be offered the opportunity to be a SIT Scholar

11. PROPOSED RESEARCH PROGRAM

Proposed Research Title (to attach as a separate sheet, a one-page write-up on the proposed research topic)

Significance & Aims of Research Project (attach a separate sheet if necessary)

12. OTHER RELEVANT INFORMATION

You may wish to indicate any other relevant information which will help you in your application

13. DECLARATION
 (If you have answered 'Yes' to any of the following questions, please provide details in the space provided)

i	Have you ever been convicted in a court of law in Singapore or in any other country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ii	Are you currently under any criminal investigations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
iii	Have you ever been dismissed, terminated or suspended from employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
iv	Are you a bankrupt or a discharged bankrupt?	<input type="checkbox"/> Yes <input type="checkbox"/> No
v	Have you ever had or are you suffering from any medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
vi	Have you ever had or are you suffering from any mental related illnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
vii	Have you ever had any surgical operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
viii	Do you have any known relative(s) working or studying in the Singapore Institute of Technology? Please give name(s) and relationship: _____ Please give name(s) and relationship: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
ix	Do you have any obligations to any other organisation(s) in terms of bonds, study loans etc? If 'yes', please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
x	Do you have a directorship/proprietorship/partnership in any company? If 'yes', please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
xi	Are you currently involved in any external work/consultancy project(s)? If 'yes', please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
xii	Are you currently a member of any professional association and/or society? If 'yes', please provide details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
xiii	Have you ever received the Singapore National Day Award and/or the Total Defence Award? If 'yes', please provide details (including the category and year of Award).	<input type="checkbox"/> Yes <input type="checkbox"/> No

I declare that the particulars in this form are true to the best of my knowledge and belief and I have not wilfully suppressed any material facts for which I may be dismissed even if awarded the scholarship.

I agree that the personal data which I have provided above may be collected, used and disclosed by you for the purpose(s) of processing and/or evaluating my application.

Name & Signature: _____

Date: _____

Updated as at August 2018