

Required documents to be attached:

- NRICs of applicant and spouse/ grandparents
 BCs of Children

- Applicant and spouse's income statements
 All other supporting documents

APPLICATION FORM FOR NEW / RENEWAL OF STUDENT CARE FEE ASSISTANCE (SCFA)

*For new application, form must be submitted with complete documents upon admission to the centre.
 *For renewal application, form must be submitted with complete documents 2 months prior to expiry of subsidy.
 *Only application with complete documents will be processed.

SECTION I: PARTICULARS OF CHILD

Name of Child (as in Birth Certificate) :	Birth Certificate No. :
Date of Birth:	Highest Level of Education:
Name of Primary School:	

SECTION II: PARTICULARS OF APPLICANT

SECTION III: PARTICULARS OF SPOUSE

Name:	Name:
NRIC / FIN No:	NRIC / FIN No:
Relationship to Child:	Relationship to Child:

Address (as in NRIC / FIN):

Correspondence Address (if different from NRIC):

Contact No :
 (H) _____ (O) _____ (HP) _____

Employment Status of Applicant:

- Employed (working at least 56 hours per month)
 Unemployed
 Looking for a job
 Undergoing training
 Medically unfit for work (\leq 3 months)
 Medically unfit for work ($>$ 3 months)
 Retired
 Schooling (i.e. student)
 Self-employed
 Serving NS
 Other, please specify: _____

Employment Status of Spouse:

- Employed (working at least 56 hours per month)
 Unemployed
 Looking for a job
 Undergoing training
 Medically unfit for work (\leq 3 months)
 Medically unfit for work ($>$ 3 months)
 Retired
 Schooling (i.e. student)
 Self-employed
 Serving NS
 Other, please specify: _____

Marital Status:

- Single
 Married
 Divorced
 Widowed
 Separated

Type of Accommodation

- HDB 1/2/3/4/5-rm
 HDB Exec
 HUDC
 Private Flat
 Private House
 Shop house
 Homeless/ Institution
 Others: _____

Accommodation Status:

- Rented
 Purchased
 Living with relatives
 Others: _____

SECTION IV: PARTICULARS OF FAMILY MEMBERS (GRANDPARENTS AND CHILDREN) LIVING WITH APPLICANT

(Note: Family members must not be working or have any income)

	Name of Family Members (with <u>no</u> income)	Date of Birth	Relationship to Child Applying for SCFA	Employment Status (retired/ unemployed/ undergoing training/ looking for work/ serving NS/ schooling)
1				
2				
3				
4				
5				
6				
7				
8				

SECTION V: MONTHLY GROSS INCOME OF APPLICANT AND SPOUSE

(Note: Gross income refers to income before CPF deduction, inclusive of allowances)

(A) Monthly Gross Income of Applicant	\$
(B) Monthly Gross Income of Spouse	\$

SECTION VI : OTHER INCOME (if applicable)

Income from rent ¹	\$
Income from monthly commission earnings ²	\$
(C) Total Other Income	\$

SECTION VII: APPLICANT'S DECLARATION

I, the undersigned, declare that all the above is true and correct. I understand that providing any false information is an offence under the Penal Code (Chapter 224), and that if I provide any false information, I am liable to be prosecuted to the full extent of the law. I further understand that if I furnish any false information, the Government will recover from me all student care subsidies and/or start-up grant paid to me.

I understand that it will be my responsibility to stay employed in order to continue to receive the subsidies for my child. If I am unemployed and intend to seek employment, the onus is on me to actively seek employment. I am aware that the Start up Grant will only be given once to each of my children, and will not be paid out again in the future. I will ensure my child fulfils attendance of 50% at the student care centre in order to be eligible for subsidy for the month.

I acknowledge that for the purposes of facilitating my application for financial assistance from your organisation, any and all agencies that have any of my and/ or my household's record may share the relevant information with you, if it is relevant to your work with me and/ or my household. I also acknowledge that the information which I and/ or the members of my household provide may be shared with any agency or person authorised by the Ministry of Social and Family Development (MSF) for the purposes of rendering me, or assessing my eligibility for financial or other assistance; for research in which my household members and I, as specific individuals, will not be identified; or for any other purposes prescribed or permitted under Singapore Law. I also hereby confirm that my household members are aware of and have agreed to these terms.

Name of Applicant_____
Signature of Applicant_____
Date¹ This is income from renting out a room (or rooms) of the family home or other properties.² Monthly commission earnings are based on the actual amount received per month or on the average earnings per month over 12 months (if the commission earnings are irregular).