



HANDICAPS WELFARE ASSOCIATION

殘疾人士福利協會

APPLICATION FOR EDUCATION SUBSIDY

*Please delete accordingly.

1. PERSONAL PARTICULARS

Name: Mr/Mrs/Mdm/Miss* (as in NRIC, in BLOCK & Underline Surname)		NRIC No:	Age:
Address:		Home Tel. No.:	Pager No. (if any):
Nature of Disability:		Office Tel. No. (if any):	
Mobility Aid(s) Used:	Highest Educational Level:	Have you helped out in any HWA activities? Y/N *. If yes, please specify the year of the event and the event:	

2. DETAILS OF COURSE

Course Title:	Name of Institution: (for overseas study, please specify country)
Course Content (in brief):	Nature of Study: Full Time/ Part Time/ Correspondence/ Others* (please specify):
Duration of Course:-- Commencement Date: Graduation Date: No. of Academic Years: NB If this not your 1st semester/year of study, please attach result slips for past semester/year.	Course Fee per academic year:-- Tuition Fees: Registration Fees: Examination Fees: Others (please specify):
Mode of payment: Lump sum/per semester/installment/others* (please specify)	
Is this your first application for HWA's subsidy for this course? Y/N* If no, please specify date for last application	

Did you apply for sponsorship, scholarship, bursary, subsidy or grant, etc from other sources at the same time? Y/N *

If yes, please specify date and outcome of application and attach documentary proofs.

How will this course benefit you?

3. FINANCIAL STATUS

Occupation:

Gross income per month:

Other sources of income and average amount per month
(eg. Subletting, pension, part time jobs etc)

Have you ever received any compensation? (eg. CPF DPS Scheme, Workmen Compensation, Life/Health/Vehicle Insurance, gratuity, CPF & Other related claims)

No

Yes, please specify:

4. FAMILY BACKGROUND

(Immediate family members staying with applicant)

Name	Relationship	Occupation	Monthly gross income(\$)

No of family members with disabilities:

Any other remark (s):

5. DECLARATION

I declare that the above information given are true to my best knowledge, otherwise my application will be rejected/revoked.

Signature of Applicant

Date of Application

6. ATTACHMENTS

Please attach:-

- a. Original receipt for the course.
- b. Documentary proofs for all sources of income
- c. Documentary proofs for all sources of compensation
- d. Brochure or write-up of the course content

NB Subscription must be paid up-to-date, or else application will be rejected too.

Please send completed form and attachments to:-

Attn: Executive Officer

WorkLife Development Sub-Committee

Handicaps Welfare Association

16 Whampoa Drive

Singapore 327725