



HANDICAPS WELFARE ASSOCIATION

殘疾人士福利協會

APPLICATION FOR HWA SCHOLARSHIP/ BURSARY

IMPORTANT: Please read the HWA Scholarship/Bursary Guidelines carefully. Upon application, it is deemed that you have read, understood and accepted the rules and regulations laid in the guidelines.

*Please delete accordingly.

1. PERSONAL PARTICULARS

Name: Mr/Mrs/Mdm/Miss* (as in NRIC, in BLOCK & Underline Surname)		NRIC No:	Date of Birth:
Address:		Home Tel. No.:	Pager No. (if any):
Nature of Disability:		Office Tel. No. (if any):	
Mobility Aid(s) Used:	Highest Educational Level:	HWA Membership Status: Life/Ordinary/Associate*	
		Year Joined:	

2. DETAILS OF COURSE

Title of Course:	Name of Institution:
Location of Institution: Singapore/overseas* If overseas, please indicate country	
Duration of Courses:-- No. of Years: Commencement Date: Graduation Date:	Nature of Study: Full Time/ Part Time*
	Year of Study for Application: First/Second/Third/Fourth Year*
Is this your first application for HWA's education subsidy? Yes / No* If no, please specify date of last application, course title and amount received:	Course Fee per academic year:-- Tuition Fees: Registration Fees: Examination Fees: Others: _____ Total Amount: _____
Did you apply or will apply for sponsorship, scholarship, bursary, subsidy or grant, etc from other sources at the same time? Yes / No* If yes, please provide details of the other application/s:	

4. PRESENT AND PAST EMPLOYMENT RECORDS (IF APPLICABLE)

Name of Employment	Appointment	Salary	Date of Employment	
			From	To

5. PRESENT AND PAST EMPLOYMENT RECORDS (IF APPLICABLE)

Please provide the following details of your immediate family members (ie staying in the same household)

Name	Relationship	Occupation	Marital Status	Monthly Salary

Number of family members with disabilities:

Other sources of income (eg. subletting, pension, part-time job, etc):

Have you received any compensation? (Eg. CPF's DPS Scheme, Workmen Compensation, Life/Health/Vehicle Insurance, Gratuity, CPF & Other Related Claims) Yes / No *

If Yes, please specify:

Total Family Gross Income:

6. INFORMATION OF COMMUNITY SERVICES RENDERED
(including services rendered in HWA)

Name of Association/Club/Society	Position Held	Period of Service

7. OTHER INFORMATION

Have you ever been convicted in court of laws in any country? Yes / No *
Are you at the present in debt? Yes / No *
Have you any obligations under promissory notes either as Principal or surety? Yes / No *
If yes to any of above, please provide details:

8. DECLARATION

<p>I declare that the particulars in this application are true to the best of my knowledge, otherwise my application will be rejected.</p> <p>I declare that I have read, understood and accepted the rules and regulations of the HWA scholarship/bursary stipulated in the guidelines.</p>	
<p>_____</p> <p>Signature of Applicant</p>	<p>_____</p> <p>Date of Application</p>

Note

1. Before you apply, please satisfy yourself of your eligibility for the Scholarship/Bursary.
2. Please enclose the following:
 - a. A copy of your identity card
 - b. Copies of your education certificates/diploma/degree
 - c. Original receipt of your course fee
 - d. Documentary proofs of all sources of income and/or compensation
 - e. Copies of your course details
3. Subscription must be paid up-to-date, or else application will be rejected.
4. Please study the attached guidelines carefully to facilitate your application. However, application is subjected to approval by the Executive Committee.
5. The Association does not enter into correspondence with application on reasons of selection of application.
6. Late submission of application will not be entertained.
7. Completed application form should be sent to the following address before the closing date:

Chairperson
WorkLife Development Sub-Committee
HANDICAPS WELFARE ASSOCIATION
16 Whampoa Drive
Singapore 327725