

## INFORMATION FOR EDUCATION FINANCIAL ASSISTANCE SCHEME APPLICATION

Please read the following information before submitting your application.

1. Education Financial Assistance Scheme administered by Singapore Cancer Society (SCS) are made available by the kind generosity of our donors and benefactors for needy cancer patients and their children
2. Please approach your respective SCS Staff to complete and submit this application form.
3. Application criteria for Education Financial Assistance Scheme (EFAS)
  - a. Recipient of SCS Financial Assistance
  - b. Singaporeans or Permanent Residents
  - c. Full-time student of a mainstream Primary/ Secondary Schools, Junior College (JC), Institute of Technical Education (ITE), Polytechnic or University
  - d. Not recipients of any other education-related assistance schemes such as bursaries, scholarships, study grants, or sponsorships from the Ministry of Education (MOE) or any school or organisation in the current academic year
4. Approval and Quantum of Assistance
  - a. All applications are subjected to the approval of the respective SCS committee
  - b. SCS reserves the right to decline applications if all the required supporting documents have not been submitted, and/or if the applicant has withheld or given false information
  - c. If approved, EFAS will provide school allowance of \$60 (Primary level), \$95 (Secondary level) and \$120 (JC/ITE level) per month. EFAS will provide a one-off bursary award of \$1800 (Polytechnic level) and \$2500 (University level)
5. SCS may conduct home visits and/or call the applicant for verification of information provided
6. SCS aims to process each application within 14 working days upon receipt of completed application **and** required supporting documents
7. SCS reserves the right to change the terms and conditions of the applications without prior notice
8. Applicant will be duly informed of application outcome

### SINGAPORE CANCER SOCIETY

15 Enggor Street, Realty Centre #04-01, Singapore 079716

Main: 6221 9578 | Fax: 6221 9575

[www.singaporecancersociety.org.sg](http://www.singaporecancersociety.org.sg) | [enquiry@singaporecancersociety.org.sg](mailto:enquiry@singaporecancersociety.org.sg)

**SUPPORTING DOCUMENTS REQUIRED FOR EDUCATION FINANCIAL ASSISTANCE SCHEME APPLICATION**

***Lack of any supporting documents will result in denial or delay in the application process.***

<input type="checkbox"/>	<p>1a: Copy of NRIC (front and back) of applicant (student) 申请人的成年人身份证副本</p>
<input type="checkbox"/>	<p>1b: Copy of birth certificates for applicant (student) below 15 years old 15 岁以下申请人的出生证明书</p>
<input type="checkbox"/>	<p>2: Copy of student card 申请人的学生卡</p>
<input type="checkbox"/>	<p>3: Bank statement/ Passbook (stating clearly name and account number) of applicant (student) or parent 申请人或父母的的银行户本或银行结算单</p>

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**SINGAPORE CANCER SOCIETY : EDUCATION FINANCIAL ASSISTANCE SCHEME APPLICATION FORM**
**Applying for:**

- School Allowance (Primary)                       Bursary Award (Polytechnic)  
 School Allowance (Secondary)                       Bursary Award (University)  
 School Allowance (JC & ITE)

**APPLICANT INFORMATION**

Name of Student		NRIC/ FIN No.	
Citizenship	<input type="checkbox"/> Singaporean <input type="checkbox"/> PR	D.O.B	
Gender		Age	
Name of School/ Institution		Student Level	

**MODE OF PAYMENT**

Name of Beneficiary		NRIC/ FIN No.	
Name of Account Holder		Bank Name & Account No.	

**DECLARATION**

- I declare that my child is not receiving any education-related assistance in the current academic year (e.g. School Pocket Money Fund, Bursary, Scholarship, Study Grant and Sponsorship).
- I declare that the above-stated information I have provided are true and accurate to the best of my knowledge.
- I understand that any wilful omission or suppression of information may result in unsuccessful application of aid with immediate effect.
- I consent to allow Singapore Cancer Society (“SCS”) to collect, use, disclose and/or process my personal data in order to process, administer, facilitate, maintain and/or manage my relationship with SCS as a member, volunteer, programme participant, beneficiary and/or donor (“Purpose”), including communications on SCS’ activities, programs and services; donation requests; carrying out research, analysis and development activities for SCS’ purposes; and making disclosures required by law or a competent authority. SCS may, for the above Purpose, disclose my personal data to its third party service providers and/or agents, which may be sited outside of Singapore (subject always to requirements under applicable law having been met).

If you wish to receive communications on SCS’ activities, programs and services via phone call and/or text message to a phone number or numbers that you have provided to SCS, please **TICK** the relevant box(es):

- Text Message  
 Phone Call

In any event, you agree that SCS may send communications on its activities, programs and services to you via email and/or post.

If you do not wish to receive such communications via email and/or post, or if you wish to make changes to consent previously given, you understand that you may opt-out by writing to the “SCS Data Protection Officer” at “Singapore Cancer Society, 15 Enggor Street, #04-01, Realty Centre, Singapore 079716” or to the following email address [dataprotection@singaporecancersociety.org.sg](mailto:dataprotection@singaporecancersociety.org.sg) .

Signature		Relationship to applicant	
Name		Date	

**TO BE COMPLETED BY SCHOOL/ INSTITUTION**

Please tick as appropriate:

- The student is not in receipt of any education-related financial assistance from the school/institution and MOE in the current academic year (e.g. Bursary, scholarship, study grant, sponsorship).
- The student is in receipt of education-related financial assistance from the school/institution and MOE in the current academic year (e.g. Bursary, scholarship, study grant, sponsorship) as per below:

	Name of Award	Name of Awarding Agency	Period of Assistance	Amount of Assistance

I certify that the applicant is currently a full-time student of the abovementioned school/ institution.

Name:		Signature:	
Designation:		Institution Stamp:	
Date:			

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