

The Kwan Im Thong Hood Cho Temple Student Relief Fund is meant to help full-time NAFA students whose families are in sudden financial crisis (for example, the breadwinner falls critically ill or is retrenched) within the past 6 months. The relief fund will help these students pay part of their course fees.

Important information for students:

A) Quantum of Award

Up to S\$3,000 per year

B) Application Period

This scheme is available the whole year round, as and when the need arises.

C) Who may apply?

- All full-time NAFA diploma and degree students
- Critical sudden financial needs (e.g. sole breadwinner falls critically ill or is retrenched)
- Dependent applicant must use up their parents' or relatives' CPF account and/ or student's Edusave account/ PSEA first
- Satisfactory academic performance and unlikely to be terminated at the end of the academic year.
- Good conduct and behaviour (no academic offence; no disciplinary records)
- Good attendance

Applicant is required to make an appointment with the Office of Student Care for a needs assessment interview.

D) Supporting Documents

Please ensure that the following documents are attached with your application:

- Copies of your past NAFA transcript(s), if any.
- Copies of your working family members' **latest** payslips, CPF statements or Income Tax assessment. (Outdated income documents will be rejected).
- Letter signed by parents, indicating reasons for application.
- Income Declaration Form for family members who are unable to provide any income documents.
- Copies of divorce / death certificates where a parent is no longer around, and/or court papers, if any.
- Copies of other supporting documents such as medical reports, employment termination letters, if any.

Please do not submit originals. Documents submitted will not be returned to you.

(Please write legibly on the application form. Do not leave any blank spaces and fill in 'NA' wherever not applicable.)

**Please delete accordingly*

(1) PERSONAL PARTICULARS					
Name: <i>(Please underline your surname)</i>	Admission No:	NRIC No:	Gender: Male / Female		
Full Address (local):					
GPA (last semester):	Total credits to-date:		Citizenship:		
Home Tel:	Mobile Number:		Email address:		
Course/ Year of Study:		*TG/ Non-TG	20-credit fees (Per-semester): S\$		
(2) FAMILY BACKGROUND					
<i>Family members include spouse, parents and all siblings who may or may not be living together with the student.</i>					
Names of family members	Relationship to applicant	Age	Occupation	Gross Monthly income (S\$)	Paying for your studies? (Y/N)
Note: Please complete the <i>INCOME DECLARATION FORM</i> attached for unemployed/ self-employed family members					

(3) LIST OF WORKS/ ART ACTIVITIES/ ACHIEVEMENTS:				
Name of exhibition/performance, etc	Year	Organiser	Award	Brief description
(4) OTHER AWARDS <i>(List other scholarships/awards/bursaries received or applied for in current academic year)</i>				
Name of Scholarship/Bursary	Value (S\$)	Period of Grant	Status (eg pending, approved, rejected)	
(5) REASONS FOR APPLICATION <i>(Please attach a separate letter signed by your parents and all supporting documents)</i>				
(6) DECLARATION				
<p>I hereby declare that the information stated in this application is true and correct to the best of my knowledge, and that I have not wilfully suppressed any material fact. This fund awarded will be withdrawn if any information provided is found to be false.</p>				<p>_____</p> <p>Signature of Applicant & Date</p>

For official use

CHECKED BY OSA		DECISION BY SCHOLARSHIPS & FINANCIAL AIDS PANEL:								
<ul style="list-style-type: none"> Critical sudden financial needs: Used up CPF/ PSEA, where applicable: Academic performance (not likely to be terminated): Student's Conduct (academic/ disciplinary offence): Student's average monthly attendance: 	<table border="1"> <tr> <td>Yes / No</td> </tr> <tr> <td>Yes / No</td> </tr> <tr> <td> Credits to-date: _____ <input type="checkbox"/> Not likely to be terminated; able to proceed to next level of study <input type="checkbox"/> Likely to be terminated </td> </tr> <tr> <td> <input type="checkbox"/> No record of academic/ disciplinary offence <input type="checkbox"/> Record of academic/ disciplinary offence. _____ (pls specify) </td> </tr> <tr> <td>_____ % (current semester)</td> </tr> </table>	Yes / No	Yes / No	Credits to-date: _____ <input type="checkbox"/> Not likely to be terminated; able to proceed to next level of study <input type="checkbox"/> Likely to be terminated	<input type="checkbox"/> No record of academic/ disciplinary offence <input type="checkbox"/> Record of academic/ disciplinary offence. _____ (pls specify)	_____ % (current semester)	<p>APPROVE / REJECT*</p> <p>Remarks:</p> <p>Amount awarded:</p>	<table border="1"> <tr> <td> </td> </tr> <tr> <td> </td> </tr> </table>		
Yes / No										
Yes / No										
Credits to-date: _____ <input type="checkbox"/> Not likely to be terminated; able to proceed to next level of study <input type="checkbox"/> Likely to be terminated										
<input type="checkbox"/> No record of academic/ disciplinary offence <input type="checkbox"/> Record of academic/ disciplinary offence. _____ (pls specify)										
_____ % (current semester)										
<p>_____</p> <p>Checked by Head, Office of Student Care/ Signature & Date</p>		<p><u>Note:</u> refer to email approval by members of the Scholarships & Financial Aids Panel</p>								
ENDORSEMENT BY CHAIRMAN, SCHOLARSHIPS & FINANCIAL AIDS PANEL:										
<p>_____</p> <p>Signature by Chairman & Date</p>										

INCOME DECLARATION FORM

(A) FOR **UNEMPLOYED** IMMEDIATE FAMILY MEMBERS

- Please complete this income declaration for unemployed family members (excluding NS Men and students).
- Please attach the most recent 3-month CPF contribution statement for proof of non-employment.

A. Student's Particulars			
Name:		NRIC:	
B. Family Member's Particulars			
Name:		NRIC:	
Relationship to student:		Age:	
Reason(s) for unemployment (e.g. Housewife, Retiree)		Last record of employment, if any (MM/YYYY)	
<p>I declare that the information provided above is true to the best of my knowledge and I understand that if the information provided is false, this application will be rejected. I also undertake to refund the value of the award received if any of the information is subsequently found to be falsely declared.</p>			
_____		_____	
Signature of family member		Date	

(B) FOR **SELF-EMPLOYED** IMMEDIATE FAMILY MEMBERS

- Please complete this section for self-employed family members.
- Please attach the most recent 12-month CPF contribution statement or Income Tax of Assessment as proof of self-employment and income.

C. Student's Particulars			
Name:		NRIC:	
D. Family Member's Particulars			
Name:		NRIC:	
Relationship to student:		Age:	
Nature of self-employment		Average monthly income	
<p>I declare that the information provided above is true to the best of my knowledge and I understand that if the information provided is false, this application will be rejected. I also undertake to refund the value of the award received if any of the information is subsequently found to be falsely declared.</p>			
_____		_____	
Signature of family member		Date	