



FOR OFFICIAL USE

Table with 3 columns: STATUS, IN-PROGRAMME, NOT PLACED YET. Rows include DOE, PROG TYPE, LC.

BURSARY APPLICATION

Does the client receive Financial Assistance (e.g MOEFAS, KiFAS, MSF, MOE bursary) in school?

- Yes
No

A. BURSARY APPLICATION IS FOR:

ASSESSMENT

- Adult Assessment
Child Assessment
SLT Assessment

DAS PROGRAMME

- Main Literacy Programme (MLP)
Chinese
PREP2PSLE (Formerly known as English Exam Skills)
Maths
Speech Language and Therapy (SLT)
Speech and Drama Arts
Preschool
iReaCH
iStudySmart
Short Term Programme, please specify:

Holiday Workshop, please specify:

B. STUDENT TYPE

Choose the appropriate student type (if relevant)

- Existing DAS Student
Non-DAS Student
DAS Graduate
School-based Dyslexia Remediation
New

IMPORTANT NOTES

1. Existing Main Literacy Programme (MLP) students receiving MLP Bursaries DO NOT NEED to submit supporting documents.
2. For existing MLP students receiving MLP Bursaries, please note that if you are applying for a bursary for any one of the following programmes, you are required to complete **Section 1A and 6** of this form:
 - Chinese
 - PREP2PSLE (Formerly known as English Exam Skills)
 - Maths
 - Speech Language and Therapy (SLT)
 - Speech and Drama Arts
3. For non-DAS students, please complete **ALL** sections of this form.
4. A Bursary that is awarded is valid for one calendar year only.
5. Please countersign against any amendments on this bursary application form.
6. DAS will NOT process incomplete application forms. This includes applications with missing supporting documents.

DOCUMENTS TO BE ATTACHED:

1. Copy of Applicant's Birth Certificate and Certificate of Citizenship (if applicable).
2. Copies of Birth Certificates of all unmarried siblings living in the same household.
3. Copies of NRIC of all other household members. If there are other dependent children with no NRIC, please submit copies of legal documents to show that they are staying in the same household.
4. The latest payslip of all household members* who are employed or letter from their employer certifying their gross monthly income (an original copy is required).

(Note: CPF statements are NOT accepted)

5. Other relevant documents for the purpose of processing the application should be submitted where applicable, such as:
 - Divorce papers showing child's custody, maintenance or alimony
 - Retrenchment / Termination Letter / Bankruptcy Papers
 - Adoption papers or legal documents showing guardianship of applicant
 - Death Certificate
 - Deed Poll
 - Statutory Declarations
 - Visit passes of dependent grandparents
 - Photocopy of MSF Public Assistance Scheme pass or letter from an approved welfare home etc.

** Household members refer to parents, unmarried siblings and grandparents of the applicant if they are living in the same household.*

SECTION 1: APPLICANT DETAILS

SECTION 1A: APPLICANT'S PARTICULARS				
Name	BC No. / IC No.	Nationality		Sex
	Date of Birth (DD/MM/YY)	Age	Religion	Race
Current DAS Learning Centre:				
<input type="checkbox"/> Ang Mo Kio	<input type="checkbox"/> Jurong Point	<input type="checkbox"/> Serangoon		
<input type="checkbox"/> Bedok	<input type="checkbox"/> Parkway Parade	<input type="checkbox"/> Tampines		
<input type="checkbox"/> Bishan	<input type="checkbox"/> Queenstown	<input type="checkbox"/> Woodlands		
<input type="checkbox"/> Chua Chu Kang	<input type="checkbox"/> REX House	<input type="checkbox"/> Yishun		
<input type="checkbox"/> Chinatown Point	<input type="checkbox"/> Sengkang			
SECTION 1B: CONTACT DETAILS				
Home Address			Postal Code	
Name of School			Class	

SECTION 2: APPLICANT'S FAMILY MEMBER PARTICULARS

Please include details of parents, unmarried siblings and grandparents of the applicant if they are living in the same household.

	Name	BC/IC No.	Age	Relationship	Occupation/School	Tick if the sibling is a DAS student	Average Gross Monthly Income **
1							
2							
3							
4							
5							
6							
7							
8							
** Gross Monthly Income should be reflected before CPF deduction. Full-time National Service (NSF) allowance should be excluded. If an income earner is on No-Pay Leave (NPL) as at the date of application, and the total period of the NPL is 6 months or less, his or her last drawn income will be included when calculating a family's total income.					Average Gross Monthly Household Income		\$
Total Number of Family Members in the Household (Including client): *1 / 2 / 3 / 4 / 5 / _____							

SECTION 3: OTHER SOURCES OF INCOME

Please declare below if you receive any other sources of income (e.g. Alimony, Rental income):

Type	Amount (\$)	Remarks

If you are currently in receipt of a bursary or scholarship, please indicate below:

Name of Bursary/Scholarship*	Date of Expiry (DD/MM/YY)	Value of Award per annum	Renewable
			Yes/No*

*Please circle where applicable

SECTION 4: DECLARATION OF SELF-EMPLOYMENT

Household members **must** complete this section if they are either:

- Self-employed and are not required to pay tax or;
- The latest tax assessment does not reflect their current income status.

I / We declare that I am / we are currently self-employed and I am / we are not required to submit Income Tax Return or my / our latest Income Tax Notice of Assessment submitted does / do not reflect my / our current income status.

Name	NRIC	Occupation	Monthly Income	Signature	Date (DD/MM/YY)

SECTION 5: DECLARATION OF UNEMPLOYMENT

Household members* who are unemployed and below age 62 are required to complete a declaration for unemployment in the online FAS application form if they are not undertaking full-time studies or are in full-time National Service. Please also provide CPF transaction report for the last 12 months.

I/We declare that I am/we are currently unemployed:

Name	NRIC	Period of Unemployment	Monthly Income	Signature	Date (DD/MM/YY)

SECTION 6: DECLARATION

I / We hereby confirm that:

1. All the information declared is true and I / we have not omitted/suppressed any fact which may have a bearing on my / our application and I / we may be charged in court for fraudulent declaration.
2. If this application is successful, I | our child will attend at least 85% of his / her scheduled DAS classes failing which I understand that the bursary can be revoked and full payment for continued attendance at the DAS will be required.
3. I / We will inform the DAS within one calendar month should there be any change in my or our family's financial position.
4. I / We give consent to the DAS to share my / our child's personal data and progress with donors.
5. I / We understand that should I / we breach any of the above conditions, my / our child's bursary will be withdrawn immediately.

	Father	Mother	Applicant (if above 18 years old)
NRIC			
Nationality			
Mobile No.			
E-mail			
Signature			
Date (DD/MM/YY)			