

**LEE FOUNDATION EDUCATION ASSISTANCE SCHEME
APPLICATION FORM**

Ref No:

APPLICANT PARTICULARS			
Name (as in NRIC)			
NRIC (Singaporean / PR)	X XXXX _ _ _ _	Gender	* Male / Female
Date of Birth / Age			
Address			
Contact Number	Home:	HP:	
Race		Religion	
Marital Status	* Single / Married / Separated / Divorced		
Housing Type	HDB _____ Rm (* Rental / Purchased) Others:		
Highest Educational Level	Primary	Sec	Others
Occupation		Take Home Salary	\$
Name of Company			
NS status (for males only)	* Completed / Not completed / Exempted		

COURSE DETAILS	
Type of course	N levels / O levels / A levels / Diploma / Others: _____
Name of institution/school	
Name of course (For ITE, Diploma, Degree only)	
Course Duration	_____ * Months / Year(s) (* Part-time / Full-time)
Course Fee	\$ _____ / * Month / Semester / Year
Course Commencement	
Examination Fee (For N, O, A levels only)	\$

PRISON DETAILS	
Inmate Number	
Institution	
Offence	
Sentence	
Date of admission	
Date of release (EDR)	

* Please delete where applicable

PARTICULARS OF FAMILY MEMBERS LIVING WITH YOU						
Name	NRIC	Age	Relationship	Educational Level	Occupation	Take Home Salary

Are there any family members who are disabled or chronically sick? Yes / No
 If yes, please specify: _____

MONTHLY FAMILY INCOME AND EXPENDITURE			
INCOME	AMOUNT (\$)	EXPENDITURE	AMOUNT (\$)
Total household income (Take home salary)		Housing Rent/ Installment (Cash only)	
Other sources of income E.g.: assistance from welfare organizations, contributions from relatives, rental income		Service & Conservancy Charges (SCC)	
		Utilities (PUB & water)	
		Phone (Home, Hand phone, Internet)	
		Food and Sundry	
Savings Cash Bank Savings from earnings in Institution		Educational Expenses (School fees, pocket money, transportation, tuition)	
Others (please specify)		Working Expenses (Food, transport)	
		Arrears (if any)	
		Medical expenses (if any)	
		Others (E.g.: furniture installment, vehicle)	
TOTAL		TOTAL	

REASONS FOR APPLICATION FOR FINANCIAL ASSISTANCE

Note: Please enclose photocopies of the supporting documents for the following. Otherwise, your application will be disqualified

- 1) Acceptance letter from the institution & course fees (Receipt of payment, if payment made)
- 2) Educational Certificates / result slips of highest qualification obtained to date
- 3) Testimonial from prison
- 4) Prison release slip
- 5) Letters of financial awards, scholarships and/or loans held previously or currently holding
- 6) Latest CPF statements of applicant and family members (working and living together)
- 7) Salary slips of applicant and family members (working and living together)
- 8) Any other documents required by SACA and /or the Selection Panel

DECLARATION

1. I shall accept any decision made by the Lee Foundation Education Assistance Scheme Selection Panel on my application.
2. I declare that the information provided in this application and the supporting documents are true and that I have not willfully suppressed any material information.
3. I understand that if any entry is false, my application will be rejected and if I am a successful applicant for the Lee Foundation Education Assistance Scheme, the offer will be withdrawn.
4. I will abide by the following terms and conditions if I am successful in my application
 - a) **Any change of information shall be reported to SACA, being the administrator of the scheme. These include change of address, contact numbers, financial status of the household, progress in studies or any other changes.**
 - b) **Recipient can only be on the scheme for one type of course at any one time.**
 - c) **Recipient shall report to their assigned Aftercare Case Manager / Befriender / Social Worker at agreed and regular intervals.**
 - d) **Recipient shall attend all events organized under the Education Support Programme.**
 - e) **Recipient shall maintain a clean record and not commit any offence.**
5. I have read and understood the terms and conditions.

Signature of Applicant: _____

Date: _____

This application, together with the supporting documents, should reach SACA by _____

FOR OFFICE USE

RECOMMENDATIONS BY PRISONS DEPARTMENT (IF APPLICABLE)

HUO'S ASSESSMENT:

Applicant's Overall Conduct And Attitude

Applicant's Institutional Savings

Applicant's Family Financial Situation

_____ Name _____ Signature _____ Date

Supported By Superintendent

_____ Name _____ Signature _____ Date

SELECTION PANEL'S DECISION (Please tick accordingly)

This application is supported %

Approved for: Course Fee: \$ _____ Book Grant: \$ _____ Total:

This application is NOT Supported

Remarks

_____ Name of Chairman _____ Signature _____ Date

_____ Name of Committee Member _____ Signature _____ Date

_____ Name of Committee Member _____ Signature _____ Date

_____ Name of Committee Member _____ Signature _____ Date