

**SKILLS UPGRADING 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	
Name of institution/course provider	
Name of course	
Course Duration	_____ * Day (s) / Week(s) / Months / Year(s) (* Part-time / Full-time)
Course Fee	\$ _____ : Total Amount \$ _____ : * / Month / Semester / Year / Instalment
Course Commencement	

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

* Please delete where applicable

PARTICULARS OF FAMILY MEMBERS LIVING WITH YOU						
Name	NRIC	Age	Relationship	Educational Level	Occupation	Gross Salary
Total Gross Income (incld Applicant)						

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 and/or from other institutions, if available
- 4) Prison release slip or referral list from Prison/SCORE referral (for CM clients)
- 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 Skills Upgrading 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 Skills Upgrading Scheme, the offer will be withdrawn.
4. I will abide by the following terms and conditions if I am successful in my application
 - a) **Recipient is to stay drug and crime free**
 - b) **Recipient is to keep SACA informed of any changes in personal information and course status. This includes address, contact number, financial status of the household, progress in studies, etc.**
 - c) **Recipient can only be on the scheme for one type of course at any one time**
 - d) **Recipient is to fulfil all requirements stated by the respective course provider to ensure successful completion of the course**
 - e) **Recipient is liable for the penalty fees imposed by the respective institution should recipient fail to fulfil the course requirements**
 - f) **SACA will forward course fee cheque directly to the course providers/institutions**
 - g) **Recipient, who has made payment to the institution or course provider, prior to application, will receive the reimbursement cheque only upon successful completion of the course**
 - h) **Recipient is to report to their assigned Case Manager / Assistant Case Manager at agreed and regular intervals**
 - i) **Recipient is to attend all events organised under the Education Support Programme**
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

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