

## MOCHAMMAD SAID ABDUL RACHMAN KAPI BURSARY

## **Important Notes:**

- 1. Please type or handwrite clearly in block letters
- 2. Document Checklist (to be submitted together with this application form)
  - (i) Latest income slips of yourself (if applicable) and immediate family members in the same household
  - (ii) Latest Notice of Assessment (from IRAS) of immediate family members in the same household
  - (iii) Photocopy of scholarship/bursary/loan awarded (if applicable)
- 3. Please email your application form and supporting documents to <a href="mailto:studentservices@nie.edu.sg">studentservices@nie.edu.sg</a>

1. PERSONAL PARTICULARS								
Full Name (As in		Matriculation No:						
Programme:	Intake:	Intake:						
Mailing Address:	Nationality:		Singapore PR:					
	Postal Code:			□Yes □No				
Email Address:	Mobile No:	Mobile No:						
2. FAMILY INCOME								
<ul> <li>Please list all immediate family members (defined as parents and sibilings) staying in the same address. You may use a separate sheet of paper to indicate this if there is insufficient space on the form.</li> </ul>								
Relationship to Applicant	Full Name (As in NRIC/ Passport)	Occupation		Gross income per month (SGD)				
1. Father								
2. Mother								
3. Sibling								
4.								
5.								
ii. Are you receiving any financial support (e.g., salary/stipend) from MOE? (Please tick)  ☐ Yes ☐ No  If yes, please state the amount and duration.								



iii. Are you receiving or have applied for scholarship/bursary/grant/loan/subsidy from other institution(s)/organization(s) for the current year? (Please tick) ☐ Yes ☐ No								
If yes, please list all external scholarship/bursary/grant/loan/subsidy that you are receiving or have applied for the current year:								
Name of Financial Scheme (Scholarship/Bursary/Grant/ Loan/Subsidy)	Institute/Organisaton	Period of Grant	Value per academic year (SGD)					
1.								
2.								
3. DETAILS OF THE TYPE (		AMME						
i) Name of exchange programme (Please tick)								
☐ International Practicum	Summe	r studies						
☐ Language Immersion Programme ☐ Winter studies								
☐ Prelude								
ii) Exchange period (DD/MM/YY to DD/MM/YY)								
iii) Name of host university								
iv) Country of host university								
4. DECLARATION								
<ul> <li>To complete my application, I will provide the necessary supporting documents as specified by NIE within the specified time frame. Non-compliance of the above will render my application invalid.</li> </ul>								
ii) By submitting this application, I affirm that the information provided in this application is true and accurate to the best of my knowledge and that I have not wilfully suppressed any material fact. I understand that the provision of any inaccurate or false information will render this application invalid.								
iii) I agree to NIE releasing my personal information to the donor/NTU at NIE's discretion.								
Signature of Applicant		Date		<del>_</del>				