

## **HIGHER EDUCATION BURSARY APPLICATION**

### **(FOR SINGAPOREAN UNDERGRADUATES - PART-TIME COURSE)**

**Application:**

1. Before you start to complete the form, please get ready all the necessary supporting documents.
2. Please email a copy of your Application Form and supporting documents to [FinAid@ntu.edu.sg](mailto:FinAid@ntu.edu.sg).

In your email, please indicate the financial assistance scheme you are applying for, your name and matric (i.e. Subject Title: Application for Bursary (Part-Time) AY2023, Name, Matric).

3. Outcome will be released to you via email in September/October or within 3 weeks upon the receipt of all the necessary supporting documents, whichever is later.

If you have any queries, please email Financial Aid at [FinAid@ntu.edu.sg](mailto:FinAid@ntu.edu.sg).

## HIGHER EDUCATION BURSARY APPLICATION

(FOR SINGAPOREAN UNDERGRADUATES - PART-TIME COURSE)

### SECTION 1: PERSONAL PARTICULARS

|                                       |                              |
|---------------------------------------|------------------------------|
| Name: _____                           |                              |
| Matric No: _____                      | Gender (M/F): _____          |
| NRIC: _____                           | Marital Status: _____        |
| Nationality: <b>SINGAPORE CITIZEN</b> | Course: <b>PART-TIME</b>     |
| Date of Birth: _____                  | School/Year: _____           |
| Place of Birth: _____                 | Course Specialization: _____ |

### SECTION 2: CONTACT INFORMATION (IN SINGAPORE)

*For a permanent change in your contact details, please ensure you update them through StudentLink.*

|                        |                    |                     |
|------------------------|--------------------|---------------------|
| Contact No.: _____     | Tel No.: _____     | Handphone No: _____ |
| Mailing Address: _____ | Blk No: _____      | Unit No: _____      |
|                        | Street: _____      |                     |
|                        | Postal Code: _____ |                     |

### SECTION 3: FAMILY COMPOSITION AND FINANCIAL STATUS

For student whose marital status is single, please complete **Section 3A, 3B, 3D and 3E**.

For student whose marital status is married, please complete **Section 3A, 3B, 3C, 3D and 3E**

*(Do not need to complete 3B.1, if your parents are not staying with you)*

# Employment status: Student, NS men(Full Time), Employed, Self-employed, Unemployed, Retrenched, Housewife, Retired or Deceased.

## Refers to income or bonus before deduction of CPF and inclusive of allowance, OT etc.  
Please indicate "0" if no income or contribution.

Please ensure all fields are completed. Please complete as "0" if it is not applicable.

#### 3A Applicant

Applicant's Income:

|                                           |                                         |
|-------------------------------------------|-----------------------------------------|
| Your Employment Status#: _____            | Occupation: _____                       |
| Your Gross monthly Income##: S\$ _____ pm | Your Gross annual bonus##: S\$ _____ pa |

### 3B Parents / Siblings / Relatives

#### 3B.1 Details of Parents

|                                  |              |                                |                                                          |
|----------------------------------|--------------|--------------------------------|----------------------------------------------------------|
| Name of Father:                  | _____        | Remarks:                       | _____                                                    |
| Marital Status:                  | _____        |                                |                                                          |
| Age:                             | _____        | Living in the same household:  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employment Status#:              | _____        | Occupation:                    | _____                                                    |
| Gross monthly Income##:          | S\$ _____ pm | Gross annual bonus##:          | S\$ _____ pa                                             |
| Monthly contribution to family^: | S\$ _____ pm | ^only if divorced or separated |                                                          |
|                                  |              |                                |                                                          |
| Name of Mother:                  | _____        | Remarks:                       | _____                                                    |
| Marital Status:                  | _____        |                                |                                                          |
| Age:                             | _____        | Living in the same household:  | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Employment Status#:              | _____        | Occupation:                    | _____                                                    |
| Gross monthly Income##:          | S\$ _____ pm | Gross annual bonus##:          | S\$ _____ pa                                             |
| Monthly contribution to family^: | S\$ _____ pm | ^only if divorced or separated |                                                          |

#### 3B.2 Details of Siblings/Relatives staying in the same household as you

|   |                            |              |                               |                                                                                                 |
|---|----------------------------|--------------|-------------------------------|-------------------------------------------------------------------------------------------------|
| a | Name of Sibling/Relative : | _____        |                               |                                                                                                 |
|   | Marital Status:            | _____        | Relationship:                 | <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> _____ |
|   | Age:                       | _____        | Living in the same household: | <input checked="" type="checkbox"/> Yes                                                         |
|   | Employment Status#:        | _____        | Occupation:                   | _____                                                                                           |
|   | Gross monthly Income##:    | S\$ _____ pm | Gross annual bonus##:         | S\$ _____ pa                                                                                    |
|   |                            |              |                               |                                                                                                 |
| b | Name of Sibling/Relative : | _____        |                               |                                                                                                 |
|   | Marital Status:            | _____        | Relationship:                 | <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> _____ |
|   | Age:                       | _____        | Living in the same household: | <input checked="" type="checkbox"/> Yes                                                         |
|   | Employment Status#:        | _____        | Occupation:                   | _____                                                                                           |
|   | Gross monthly Income##:    | S\$ _____ pm | Gross annual bonus##:         | S\$ _____ pa                                                                                    |
|   |                            |              |                               |                                                                                                 |
| c | Name of Sibling/Relative : | _____        |                               |                                                                                                 |
|   | Marital Status:            | _____        | Relationship:                 | <input type="checkbox"/> Brother <input type="checkbox"/> Sister <input type="checkbox"/> _____ |
|   | Age:                       | _____        | Living in the same household: | <input checked="" type="checkbox"/> Yes                                                         |
|   | Employment Status#:        | _____        | Occupation:                   | _____                                                                                           |
|   | Gross monthly Income##:    | S\$ _____ pm | Gross annual bonus##:         | S\$ _____ pa                                                                                    |

d Name of Sibling/Relative : \_\_\_\_\_

Marital Status: \_\_\_\_\_ Relationship: ☐ Brother ☐ Sister ☐ \_\_\_\_\_

Age: \_\_\_\_\_ Living in the same household: ☒ Yes

Employment Status#: \_\_\_\_\_ Occupation: \_\_\_\_\_

Gross monthly Income##: S\$ \_\_\_\_\_ pm Gross annual bonus##: S\$ \_\_\_\_\_ pa

e Name of Sibling/Relative : \_\_\_\_\_

Marital Status: \_\_\_\_\_ Relationship: ☐ Brother ☐ Sister ☐ \_\_\_\_\_

Age: \_\_\_\_\_ Living in the same household: ☒ Yes

Employment Status#: \_\_\_\_\_ Occupation: \_\_\_\_\_

Gross monthly Income##: S\$ \_\_\_\_\_ pm Gross annual bonus##: S\$ \_\_\_\_\_ pa

f Name of Sibling/Relative : \_\_\_\_\_

Marital Status: \_\_\_\_\_ Relationship: ☐ Brother ☐ Sister ☐ \_\_\_\_\_

Age: \_\_\_\_\_ Living in the same household: ☒ Yes

Employment Status#: \_\_\_\_\_ Occupation: \_\_\_\_\_

Gross monthly Income##: S\$ \_\_\_\_\_ pm Gross annual bonus##: S\$ \_\_\_\_\_ pa

### 3C Spouse and Children

#### 3C.1 Details of Spouse (regardless if staying with you or not)

Name of Spouse: \_\_\_\_\_ Remarks: \_\_\_\_\_

Marital Status: \_\_\_\_\_

Age: \_\_\_\_\_ Living in the same household: ☐ Yes ☐ No

Employment Status#: \_\_\_\_\_ Occupation: \_\_\_\_\_

Gross monthly Income##: S\$ \_\_\_\_\_ pm Gross annual bonus##: S\$ \_\_\_\_\_ pa

Monthly contribution to family^: S\$ \_\_\_\_\_ pm ^only if divorced or separated

#### 3C.2 Details of Children (if any)

a Name of child : \_\_\_\_\_

Marital Status: \_\_\_\_\_ Relationship: ☒ Child

Age: \_\_\_\_\_ Living in the same household: ☐ Yes ☐ No

Employment Status#: \_\_\_\_\_ Occupation: \_\_\_\_\_

Gross monthly Income##: S\$ \_\_\_\_\_ pm Gross annual bonus##: S\$ \_\_\_\_\_ pa

b Name of child : \_\_\_\_\_

Marital Status: \_\_\_\_\_ Relationship: ☒ Child

Age: \_\_\_\_\_ Living in the same household: ☐ Yes ☐ No

Employment Status#: \_\_\_\_\_ Occupation: \_\_\_\_\_

Gross monthly Income##: S\$ \_\_\_\_\_ pm Gross annual bonus##: S\$ \_\_\_\_\_ pa

### 3D. Other Sources of Income

Savings Interest / Rental Income / Financial help from organisation / Others: S\$ \_\_\_\_\_ per month

Remarks (if any): \_\_\_\_\_

### 3E. If your family has no income at all, please indicate below how your family covers its expenses

---

---

---

## SECTION 4: ADDITIONAL INFORMATION

1. Are you in receipt of:

|                  |                              |                             |
|------------------|------------------------------|-----------------------------|
| Tuition Fee Loan | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Study Loan       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

2. Please indicate if a family member who is staying in the same household is suffering from an illness.

☐ Yes      Who: \_\_\_\_\_  
Details: \_\_\_\_\_

☐ No

3. Describe in detail any other information to support your application

---

---

---

---

## SECTION 5: DECLARATION

I affirm that the information and attachments provided in this application are true and accurate to the best of my knowledge and that I have not willfully suppressed any material fact. I understand that the provision of any inaccurate or false information will render this application invalid.

I hereby acknowledge that I have read and that I consent to the NTU Personal Data Privacy Statement And Consent for Students ("PDPA Statement"). I hereby consent that Nanyang Technological University may collect, use and disclose all the personal data contained in this application form for the form's intended purposes and the university's administrative purposes included disclosure to any third party(ies) who intends to consider and/or will or has provided me with scholarships, financial aids, awards, or loans including but not limited to the donor and Ministry of Education. I further acknowledge and undertake to Nanyang Technological University that all necessary consents from the relevant Individuals to whom the personal data relates in this application form either have been obtained, or at the time of disclosure will have been obtained, for the disclosure of their personal data to the university, for the university's collection, use and/or disclosure for the purposes stated above and that such consents have not been withdrawn.

Signature of student: \_\_\_\_\_ Date: \_\_\_\_\_