

**APPLICATION FOR**

**NATIONAL INSTITUTE OF EDUCATION, SINGAPORE ASEAN UNDERGRADUATE SCHOLARSHIP (SEMESTER)**

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| **Important Notes:**1. Please type or handwrite clearly in block letters
2. Document Checklist (to be submitted together with your scholarship application form)
3. Latest result slip from your current university
4. English proficiency qualification
5. Photo of yourself
6. Please email your application form and supporting documents to studentservices@nie.edu.sg.

Please state “Application for Semester@NIE Scholarship from (your name)” in the title of your email.1. Only shortlisted applicants will be notified for interview.
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| **1. PERSONAL PARTICULARS** |  |
| **Full Name (As in Passport):** |
| **Programme:**      | **Intake:** |
| **Mailing Address:** | **Nationality:** |
| **Email Address:** | **Mobile No:** |
| **2. EDUCATION BACKGROUND** |  |
| (Please list your education background |  |
| **Name of school** | **Year of Joining** | **Year of Completion** | **Qualification Obtained (Please indicate subject majored in for degree qualifications)**  | **Country of study** |
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| **3. ACADEMIC INTEREST** |
| **Describe briefly your academic interests:**      |
| **4. ACADEMIC HONOURS** |
| **Please describe briefly any academic distinctions or honours you have achieved in school(s):** |
| **5. SELF INTRODUCTION AND REASONS FOR APPLICATION** |
| **Please give a brief introduction on yourself and explain your reasons for participating in the Semester@NIE and the objectives that you would like to achieve through this programme. Your write-up should be about half to one page in length. Please use a separate piece of paper.** |
| **6. IMMEDIATE FAMILY[[1]](#footnote-2) BACKGROUND** |
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| **Relationship** | **Full Name** | **Citizenship**  | **Occupation** |
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| **7. CRIMINAL OFFENCE AND MEDICAL STATUS** |
| **Please answer the following questions:**1. **Have you been convicted of any criminal offence by a Court of Law**

 **in any country?** **[ ] Yes/** **[ ] No** 1. **Do you have any physical, medical or mental health condition that may require special assistance or facilities while studying at the University?** **[ ] Yes/** **[ ] No**

**If you have answered “Yes” to any of the above, please provide details below.**  |
| **8. DECLARATION** |
| * 1. 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.
	2. 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.
	3. I agree to NIE releasing my personal information to relevant parties to facilitate the processing of the application..
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| Signature of Applicant | Date |

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| **For Official Use** | **Initial and date** |
| Received by OAAS |       |
| Processed by OTE |       |

1. Parents and sibling(s) only [↑](#footnote-ref-2)