

Fok Chu On Family Bursary (AY2008-09)

Please read these instructions carefully before completing the form.

Supporting Documents

All applications must be accompanied by the following supporting documents:

1. One recent passport-size photograph
2. Photocopy of the following documents:
 - Applicant's NRIC or passport
 - Documents reflecting financial awards, scholarships and/or loans held previously or holding concurrently
 - Latest income slips or income tax returns of **ALL** working family members
 - For retrenched or unemployed family members, please provide a retrenchment letter or complete the attached Declaration of Income Form
 - List of other activities at leadership level and community/voluntary services
 - Co-curricular activities records (Junior College/University)
 - Academic results
 - Any other relevant documents to reflect your current financial position
3. Supporting documents, if not in English, must be accompanied by certified copies of the English translation of the documents. Do not submit original certificates and documents with your application. Copies of certificates or other documents must be certified true copies.

Completion of Form

1. All sections of the form must be completed. If any section of the application form does not apply to you, please indicate 'Nil' or 'NA'.
2. Any missing information or supporting documents will render your application incomplete. Incomplete applications **WILL NOT** be processed until the missing information or documents are sent to us.

Rejection of Application

The School reserves the right to reject applications that are incomplete or inaccurately completed.

Please return the completed form to the ALCNS General Office at Level 3, Block E3A, 7 Engineering Drive 1, by **Friday, 22 August 2008**.

Fok Chu On Family Bursary in Medical and Nursing Studies

Information for Nursing Students

It is the intent of the Donor, Mr Fok Chu On, to set up a bursary fund to support needy medical and nursing undergraduate students studying in the NUS Yong Loo Lin School of Medicine for the minimum duration of their course of study. For the Bachelor of Science (Nursing) programme, the minimum duration of the course of study excludes the Honours year.

The selection of bursary recipients will be made by the School selection committee after reviewing all applications received by the deadline.

ELIGIBILITY

The bursary is open to all first year NUS Bachelor of Science (Nursing) students, regardless of nationality. Up to four bursaries can be awarded to the nursing students in each academic year.

AWARD

The value of each nursing bursary award is S\$10,000 per annum.

TERMS OF AWARD

1. The bursary will be awarded each academic year on a per cohort basis.
2. The bursary must be used to cover tuition fees and any balance thereof will be provided to the bursary recipients as a living allowance.
3. The bursary recipients may not concurrently hold any other scholarship, fellowship, grant or award without the prior approval from the School.
4. In order for a nursing bursary recipient to continue to qualify for the bursary award each academic year, he/she must satisfy the continuation requirements for the programme and must not be on probation or be in receipt of an academic warning.
5. The decisions of the selection committee are final.

ENQUIRY

For enquiries, please contact Mrs Elaine Lee at 6516 3320 or nurleee@nus.edu.sg

3.2 If father is unemployed, what is his present income situation?

- retired, and currently received a monthly income of \$ _____ p.m. (e.g. family business or re-employed)
- retired, with Pension/Provident Fund or other benefits totaling about \$ _____ p.m.
- without any income at all, for _____ months

3.3 If father is deceased, what was his last occupation and salary?

Occupation: _____ **Salary:** \$ _____ p.m.

Date of Death:

D	D	M	M	Y	Y	Y	Y

3.4 Self-help

Have you worked during the period between your last exams taken and the commencement of the academic year?

- Yes.** From _____ to _____. **Salary:** \$ _____ p.m.
- No.** Reason(s): _____

Do you intend to work part-time or give tuition during the term?

- Yes.** Forecasted earnings: \$ _____ p.m.
- No.** Reason(s): _____

3.5 Do your parents own any house/property?

(For foreign students, please indicate the status of your residence in YOUR home country):

- Type of house (e.g. terrace, HDB 4-room flat, etc): _____
- Status of ownership (e.g. full ownership, rented, installment, etc): _____

Section 4: For those who are the recipients or applying for Scholarships, Bursaries, NUS administered Financial Aid Schemes, or other financial assistance for your study at NUS.

Date of Application	Name of Award	Duration of Award	Value	Outcome of Application

Section 5: Additional Information

Is there a family member suffering from an ailment? **Yes** **No**

If yes, Who: _____ Details of ailment: _____

Section 6: Monthly Household Income and Expenditure

Estimated Monthly Household Income		Estimated Monthly Household Expenditure	
Nett/Gross Salary	\$ <input type="text"/>	Home Installment/Rental	\$ <input type="text"/>
Allowance	\$ <input type="text"/>	Singapore Power	\$ <input type="text"/>
Child Support	\$ <input type="text"/>	Telephone	\$ <input type="text"/>
Food Rations (from religious organizations, CDC, etc)	\$ <input type="text"/>	Transportation: Own	\$ <input type="text"/>
Rental Income	\$ <input type="text"/>	Transportation: Family	\$ <input type="text"/>
Investment Profits	\$ <input type="text"/>	Marketing/Groceries	\$ <input type="text"/>
Saving Interests	\$ <input type="text"/>	School Fees (to exclude own NUS tuition fee)	\$ <input type="text"/>
Financial support from other organizations or relatives	\$ <input type="text"/>	Allowances	\$ <input type="text"/>
		Medical	\$ <input type="text"/>
		Miscellaneous	\$ <input type="text"/>
		Others (e.g. loan/debt repayments, arrears, etc).	\$ <input type="text"/>
Total:		Total:	

Section 7: Declaration

I declare that the information stated in this application and the attachments are true to the best of my knowledge and belief, and that I have not willfully suppressed any material fact.

I understand that any provision of inaccurate or false information will render this application invalid.

Signature of Applicant: _____ Date: _____
 (Applications not signed will be rejected)

APPLICATION FOR FOK CHU ON FAMILY BURSARY

* Declaration of Income Form *

I, *Mr / Mdm / Ms _____

NRIC No: _____, the *father/mother/brother/sister

to _____ (*name of applicant*),

hereby declare that my occupation is _____ and

that my gross salary per month is \$ _____.

Signature

Date

** Delete as appropriate*

This form should only be completed by a working member of your family who is unable to produce documentary evidence of income earned a month. Please make photocopies if needed.

Checklist

Have you attached the necessary documents and materials with your Application Form in the following order? (Please tick)

- Applicant's NRIC/Passport
- List of other activities at leadership level and community/voluntary services
- Documents reflecting financial awards, scholarship and/or loans held previously or holding currently
- Latest monthly income slips or income tax returns** of ALL working family members. Should any of the working members of your family be unable to produce documentary evidence of income/salary, please complete the Declaration of Income Form
- Co-curricular activities records (Junior College/University)
- Academic results
- Any other relevant documents to reflect your current financial position.