

## Appendix B1

### APPLICATION FOR INDEPENDENT SCHOOLS BURSARY SCHEME (ISB)

[Please note : It takes about 10 minutes to complete this form. You will need the applicant's particulars, and the particulars and income information of the family members.]

#### Section I : Particulars of Student(s)

Name of School:					
Birth Cert/NRIC No	Name (Underline Surname)	Level / Class	MOE scholarship recipient (Indicate Scheme)	A MOE FAS recipient in 2007? (Y/N)	A MOE FAS/ISB recipient last year? (Y / N)
Home Address:			Contact No		

#### Section II : For Renewal

##### Part 1

Please tick (✓) one below :

( ) Beside income, there is no change to other information provided since last application. Please complete Part 2 in this Section and Section VI.

( ) Beside income, there are changes to other information provided since last application. Please complete Sections III, IV, V and VI.

##### Part 2 : Declaration

(Note: Letter from employer or payslips from family members should be submitted as proof of earned income. For self-employed family members, Income Tax Assessment Returns or written declarations of incomes are required. For unemployed family members, written declarations are to be attached.)

I declare that the information provided is true to the best of my knowledge. I undertake to refund the value of financial assistance received if any of the information is found to be false later on.

I confirm that I understand that the information given by me in this form, or any part thereof, may be communicated to any Government department, statutory board, or any other entity involved in any way in the administration of social assistance grants, for the purposes of (i) compiling any relevant statistics, (ii) formulating, revising or altering any policy related to social assistance grant schemes or social welfare policies in general, (iii) verifying the information given by me herein, and/or (iv) administering social assistance grants and I consent to this being done.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

**Section III : Particulars of Family Members**

[Note: Letter from employer or payslips should be submitted as proof of earned income. For self-employed family members, Income Tax Assessment Returns or written declarations of incomes are required. For unemployed family members, written declarations are to be attached.]

NRIC /Birth Cert. No.	Name	Age	Marital status	Relation-ship	Occupation & Name of Employer	Gross Monthly Income \$
Total						

**Section IV : Other Sources of Income received by the family (if any)**

Source of Income	Monthly Amount \$

**Section V : Declaration**

I declare that the information provided above is true to the best of my knowledge. I undertake to refund the value of financial assistance received if any of the information is found to be false later on.

I confirm that I understand that the information given by me in this form, or any part thereof, may be communicated to any Government department, statutory board, or any other entity involved in any way in the administration of social assistance grants, for the purposes of (i) compiling any relevant statistics, (ii) formulating, revising or altering any policy related to social assistance grant schemes or social welfare policies in general, (iii) verifying the information given by me herein, and/or (iv) administering social assistance grants and I consent to this being done.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Guardian

**Section VI: (Applicable For ISB Recipient who are eligible for 100% Fee Subsidy ONLY) Request for Free Textbooks and School Attire**

If your child/ward is granted ISB for 100% fee subsidy and requires free textbooks and school attire, please tick (✓) against the box below on what are the item(s) required. You may tick more than one box.

- Textbooks
- School uniforms (2 sets)
- PE attire (2 sets)
- Shoes (1 pair)
- Socks (2 pairs)

If your child/ward does not require free school attire, please tick (✓) against the box below:

- My child/ward does not need any of the above items.

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**Section VII : To be completed by school**

**For use by the Processing Officer**

The applicant is a Citizen / Non-Citizen.

The family 's GHI is \$\_\_\_\_\_ and GIPDC is \$\_\_\_\_\_ with \_\_\_\_\_(No of DPC), and the applicant is eligible / not eligible for the ISB.

The applicant is eligible for \_\_\_\_\_% fee subsidy / GGAS fees / Transitional discounted GGAS fees

( ) The applicant is granted benefits under the transitional arrangement (Indicate Y if the answer is yes, otherwise leave it blank).

\_\_\_\_\_

Date	Name & Designation	Signature
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**For use by the Approving Officer**

The application is approved / not approved (Indicate the reason for not approved in the "Remarks" below).

Remarks: \_\_\_\_\_

If the applicant is approved under 100% fee subsidy, please indicate the item(s) that will be provided to the applicant below.

Item(s) provided to applicant: \_\_\_\_\_

\_\_\_\_\_

Date	Name & Designation	Signature
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