



# SCHOLARSHIP APPLICATION FORM

Paste here a recent photograph of yourself

REF NO:

**PLEASE READ THESE INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM.**

1. Please write clearly and legibly in BLOCK LETTERS. All columns and spaces must be filled. If it is not applicable to you, indicate "NA".
2. Photocopies of the nominee's birth certificate, nominee's NRIC, parents' NRICs, parents' latest payslips, letter of acceptance from institutions, letter of nomination/recommendations, all relevant educational certificates, testimonials and correspondence confirming grants or subsidies received must be attached to this application form.
3. To expedite processing, please state all the required information clearly and attach the relevant documents. Incomplete documents would render application as void.
4. False particulars or wilful suppression of material facts will render you liable to disqualification, or, if awarded, to revocation of scholarships and/or appropriate legal proceedings.
5. The committee's decision is final. Yayasan MENDAKI does not enter into correspondence with regard to the reasons for non-selection of applicants.
6. For those items accompanied by an \*, please tick or circle where appropriate

Please tick (✓) or fill-in where appropriate

<input type="checkbox"/> Goh Chok Tong Youth Promise Award				
<input type="checkbox"/> _____				
<b>SECTION A: DETAILS OF NOMINATOR</b>				
Name (as stated in NRIC):		Occupation:		NRIC Number: * Pink / Blue
Name of Group or Organisation:			Number of years known / Relationship	
Email:		Telephone Numbers: Mobile: _____ Resident: _____ Office: _____		
<b>SECTION B TO J: DETAILS OF NOMINEE</b>				
<b>SECTION B: PERSONAL PARTICULARS</b>				
Name (as stated in BC) :			NRIC Number: * Pink / Blue	
Sex : * <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth :	Place of Birth:	Race: (as stated in NRIC)	Nationality :
Address:		Telephone Numbers Resident: Office: Mobile:		Email Address :
Type of Flat : * <input type="checkbox"/> Rented <input type="checkbox"/> Purchased <input type="checkbox"/> 1-room <input type="checkbox"/> 2-room <input type="checkbox"/> 3-room <input type="checkbox"/> 4-room <input type="checkbox"/> 5-room <input type="checkbox"/> Executive/Mais <input type="checkbox"/> Condo/Landed property				
Marital Status: * <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			Religion:	

NATIONAL SERVICE DETAILS			
<input type="checkbox"/> Full-time	Expected completion date: _____		
<input type="checkbox"/> Yet-to-serve	Date registered: _____	Enlistment date: _____	
<input type="checkbox"/> Completed	<input type="checkbox"/> Exempted	<input type="checkbox"/> Not-applicable	

SECTION C: COURSE OF STUDY			
Course of Study	Institution (local or overseas)	Total Course Fee (S\$)	Start & End Date

SECTION D: QUALIFICATIONS							
GCE 'O' Level (or equivalent, please state)				GCE 'A' Level (or equivalent, please state)			
Name of School		Year		Name of School		Year	
Subject		Grade		Subject		Grade	
Aggregate (Best 6 subjects)							
Number of 'O' level passes				Number of 'A' level passes			

SECTION E: OTHER QUALIFICATIONS / SPECIAL COURSES / DIPLOMAS / DEGREES		
Name of Qualification	Institution of Study	Year Awarded

SECTION F: EMPLOYMENT HISTORY (In chronological order, current first)			
Name / Address of Employer	Position Held	Period	Nature of Job

**SECTION G: PARTICULARS OF PARENTS / SIBLINGS / SPOUSE / CHILDREN**

Name	Age	Occupation / Name of Employer/School	Gross Salary (per month)	Relationship	Marital Status

**SECTION H: CHARACTER REFEREES (Please list 2 referees, other than relatives)**

Name	Address/Tel No.	Occupation & Organisation	Period Known
1.			
2.			

**SECTION I: TELL US ABOUT YOURSELF AND YOUR CAREER OBJECTIVES**

What are your personal goals and how would this scholarship help you achieve these goals? (if space insufficient please attach).

Are you a member of any professional institutions, clubs, associations or societies? Please elaborate on your involvement:- activities, duration, estimated number of participants and beneficiaries.

**SECTION J: OTHER INFORMATION**

- 1. Have you ever been convicted in a court of law of any country? \* Yes / No
- 2. Have you ever been dismissed, discharged or suspended from employment? \* Yes / No
- 3. Have you ever had, or are you suffering from any of the following:-
  - physical impairment? \* Yes / No
  - communicable disease? \* Yes / No
  - mental illness? \* Yes / No
  - medical condition? \* Yes / No
- 4. Have you undergone any surgical operation? \* Yes / No
- 5. Name of friends/relatives working in MENDAKI? \* Yes / No

If answer is yes to any of the above question, please elaborate and/or submit supporting documents.

**SECTION K: DECLARATION BY NOMINEE AND NOMINATOR**

I hereby declare that all information given by me in this Application Form and all attachments provided are true and correct to the best of my knowledge. I understand that a misrepresentation or omission of facts will be sufficient cause for my application to be rejected and/or withdrawn.

\_\_\_\_\_  
Nominee's Name & Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nominator's Name & Signature

\_\_\_\_\_  
Date

**SECTION L: CHECKLIST FOR NOMINEE**

<i>(Kindly attach the following supporting documents with this application form)</i>	Yes	No	NA
1. Nominee's birth certificate			
2. Nominee's' NRIC			
3. Course Acceptance Form			
4. Parents/Guardian NRICs			
5. Parents/Guardian's latest payslip or letter from employer confirming latest pay or latest CPF statement			
6. Marriage / Divorced / Death Certificate (if applicable)			
7. Supporting documents: Other financial subsidy received			
8. All educational certificates and testimonials			
9. Letters from referees			
10. Medical report & appointment (if applicable)			
11. Other relevant documents			

**SECTION M: FOR OFFICIAL USE ONLY**

Name of Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

**Recommended for interview by committee?** Yes / No**Final Outcome:** Approved / Not Approved      **Award Amount: S\$** \_\_\_\_\_**Approving Officer Name:** \_\_\_\_\_      **Recommended Amount: S\$** \_\_\_\_\_