

APPLICATION FOR - STUDY AWARDS

Member's Name: _____	Payroll No.: _____
Home Address: _____	Tel No (HP): _____
	Tel No (O): _____
Department/Location: _____	Designation: _____

PARTICULARS OF MEMBER'S SPOUSE
Combined Monthly Income

Spouse's Name: _____	<input type="checkbox"/> Less than \$6K
NRIC No: _____	<input type="checkbox"/> \$6K to \$12K
Occupation: _____	<input type="checkbox"/> More than \$12K

TYPE OF AWARD APPLIED FOR

(please tick against the level the child's going to next year, only apply to students study in Singapore.)

		Express		Normal
Primary 5	<input type="checkbox"/> ≥ 80% (\$80)	Secondary 2	<input type="checkbox"/> ≥ 70% (\$100)	<input type="checkbox"/> ≥ 60% (\$100)
Primary 6	<input type="checkbox"/> ≥ 80% (\$80)	Secondary 3	<input type="checkbox"/> ≥ 65% (\$150)	<input type="checkbox"/> ≥ 60% (\$100)
Secondary 1	<input type="checkbox"/> ≥ 80% (\$100)	Secondary 4	<input type="checkbox"/> ≥ 65% (\$150)	<input type="checkbox"/> ≥ 60% (\$100)
		Secondary 5	<input type="checkbox"/> ENG/MATH + 3 SUBJECTS <19 PTS (\$100)	

PARTICULARS OF CHILD FOR WHOM THE APPLICATION IS MADE

Child's BC/NRIC: _____	_____ Male/Female _____
Child's Name: _____	
Name of School: _____	

Notes:

- Member must complete 5 years continuous membership with the Co-op before he/she can apply for Study Award Grant.
- Applications without relevant documents will not be considered.
- Applications received after the closing date will not be accepted.
- Information you provide will be used to determine your child's suitability or eligibility for the Study Award and may be shared by ST Co-op and its service providers for this purpose.

DECLARATION:-

- I declare that the particulars given above are true and correct.
- I also understand that the decision of the Selection Committee is final.
- All Statements made in this declaration are, to the best of my knowledge and belief, correct and complete.
- I have read and understood the Co-operative's Personal Data Protection Policy. I hereby consent to the Co-operative collecting, using and disclosing my personal data for the purposes set out therein, in particular, to the disclosure of my personal data in accordance with the Personal Data Protection Act.

Applicant's Signature / Date _____

For Office Use

The Application is :	Eligible <input type="checkbox"/>	Not Eligible <input type="checkbox"/>
Reason if not eligible _____		

Approved at the Committee Meeting held on _____

 Chairman