

**APPLICATION FOR - STUDY AWARDS**

Member's Name: \_\_\_\_\_ Staff No.: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Tel No (HP): \_\_\_\_\_  
 \_\_\_\_\_ Tel No (O): \_\_\_\_\_  
 Department/Location: \_\_\_\_\_ Designation: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**TYPE OF AWARD APPLIED FOR**

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

		<b>Express</b>		<b>Normal</b>
<b>Primary 5</b>	<input type="radio"/> ≥ 80% (\$100)	<b>Secondary 2</b>	<input type="radio"/> ≥ 70% (\$150)	<input type="radio"/> ≥ 60% (\$150)
<b>Primary 6</b>	<input type="radio"/> ≥ 80% (\$100)	<b>Secondary 3</b>	<input type="radio"/> ≥ 65% (\$150)	<input type="radio"/> ≥ 60% (\$150)
<b>Secondary 1</b>	<input type="radio"/> =<AL12 (\$100)	<b>Secondary 4</b>	<input type="radio"/> ≥ 65% (\$150)	<input type="radio"/> ≥ 60% (\$150)
		<b>Secondary 5</b>	<input type="radio"/> ENG/MATH + 3 SUBJECTS <19 PTS (\$150)	

**PARTICULARS OF CHILD FOR WHOM THE APPLICATION IS MADE**

Child's NRIC No:(Last 4 character e.g. 789A): \_\_\_\_\_ 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 the Co-operative 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  Not Eligible

Reason if not eligible \_\_\_\_\_

Approved at the Committee Meeting held on \_\_\_\_\_

Chairman \_\_\_\_\_