

**恩典之家 助学金 2023 (小学/中学)**  
**Bethesda Care Services**  
**Bursary Award for Year 2023 (Primary/Secondary School)**

<b>宗旨 OBJECTIVE</b>	
<ul style="list-style-type: none"> <li>➤ 为家境欠佳的学生提供经济上的援助。</li> <li>➤ 激励学生争取更大的成就，使自己及社群收益。</li> </ul>	<ul style="list-style-type: none"> <li>➤ To provide financial assistance to students from low income families.</li> <li>➤ To motivate students to strive for greater achievements to benefit themselves and the community.</li> </ul>
<b>申请资格 ELIGIBILITY</b>	
<ul style="list-style-type: none"> <li>➤ 申请者是新加坡公民或永久居民。</li> <li>➤ 申请者必须拥有下列： <ul style="list-style-type: none"> <li>❖ 良好品格</li> <li>❖ 良好出席率</li> <li>❖ 考获令人满意的成绩（至少要达到及格的分數）</li> </ul> </li> <li>➤ 家庭每月平均收入较低、家庭成员必须支付庞大医药费或遭遇其他困境的家庭，将获优先考虑。</li> </ul>	<ul style="list-style-type: none"> <li>➤ Applicant must be a Singapore Citizen or Permanent Resident of Singapore.</li> <li>➤ Applicant must possess the following: <ul style="list-style-type: none"> <li>❖ Good conduct</li> <li>❖ Regular attendance</li> <li>❖ Satisfactory academic results (At least an overall pass)</li> </ul> </li> <li>➤ Priority would be given to families with lower per capita income (PCI) and to families with member(s) who need to incur high medical expenses or suffer from other hardships.</li> </ul>
<b>申请程序 APPLICATION PROCEDURE</b>	
<ul style="list-style-type: none"> <li>➤ 填写申请表格必须获得<b>学校校长或部门主管</b>签名及附上所有的文件副本： <ul style="list-style-type: none"> <li>❖ 申请者出生证/居民证（双面）</li> <li>❖ 申请者的详细学业成绩单 (2022 最近的成绩单) <ul style="list-style-type: none"> <li>◆ 如果学生 2022 年最近的成绩不及格，也须提供 2021 年终的成绩单。</li> <li>◆ 那些不需要参加 2022 考试的学生，须提供 2021 年的进度报告。</li> </ul> </li> <li>❖ 每一名同住家人的收入证件： <ul style="list-style-type: none"> <li>◆ 出生证/居民证（双面）</li> <li>◆ <b>最新 15 个月</b>公积金缴交记录结单（样本请看第三页）</li> <li>◆ 最新 3 个月的薪金单<b>或</b></li> <li>◆ 所得税结单（2022 年）<b>或</b></li> <li>◆ 雇主证明文件</li> <li>◆ 裁员/解雇通知书或减薪通知书（如有）</li> <li>◆ 死亡证书，离婚证书，医药证件等（如有）</li> </ul> </li> <li>❖ 此外，对于家庭主妇，兼职或散工，有全职工作但无薪金单，退休或无业者： <ul style="list-style-type: none"> <li>◆ 收入宣誓信（请参阅表格第 11 页）</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>➤ The completed application forms must be signed by the <b>School Principal or Heads of Departments</b>, and accompanied with the following: <ul style="list-style-type: none"> <li>❖ Applicant's Birth Cert/NRIC (both sides)</li> <li>❖ Applicant's detailed academic result slip (2022 latest Results) <ul style="list-style-type: none"> <li>◆ If student did not obtain a pass for latest result slip in 2022, please <b>ALSO</b> provide the previous year end results for 2021.</li> <li>◆ For applicants who do not have to sit for 2022 examinations, please submit Progress Report for 2021.</li> </ul> </li> </ul> </li> <li>❖ For <b>all family members</b> living at the <u>same</u> address: <ul style="list-style-type: none"> <li>◆ Birth Cert/NRIC (both sides)</li> <li>◆ CPF <b>Contribution</b> History for the past <b>15 months</b> (refer to page 3 for sample)</li> <li>◆ Latest 3 months pay slips <b>OR</b></li> <li>◆ Income tax returns (Year 2022) <b>OR</b></li> <li>◆ Employment letters</li> <li>◆ Retrenchment/Termination letter or Notice of Pay cut (If applicable)</li> <li>◆ Death Certificate, Divorce Certificate and/or Medical Certificate, (where applicable)</li> </ul> </li> <li>❖ Additionally, for housewife, part-time or odd job worker, employed but without pay slip or employment letter, retiree, or unemployed family member: <ul style="list-style-type: none"> <li>◆ Declaration of Income Status (Refer to Pg 11)</li> </ul> </li> </ul>

<ul style="list-style-type: none"> <li>➤ 请家长/监护者将完整的申请表格及所需文件邮： <ul style="list-style-type: none"> <li>◆ 寄到我们的中心 (<b>Bethesda Care Services, Admin Office Level 2, 300 Bedok North Ave 3, Singapore 469717</b>) 或亲自交给我们。</li> <li>◆ 您也可以扫描并通过电子邮件将完整的申请表格及所需文件发送至： <a href="mailto:admin@bethesdacare.sg">admin@bethesdacare.sg</a>。</li> </ul> </li> <li>➤ 如果您有任何询问，也可以打电话 64451500 与我们联系。</li> </ul>	<ul style="list-style-type: none"> <li>➤ All completed application form and supporting documents can be sent to our centre in 2 ways: <ul style="list-style-type: none"> <li>◆ By mailing or personally submit to us at <b>Bethesda Care Services, Admin Office Level 2, 300 Bedok North Ave 3, Singapore 469717.</b></li> <li>◆ By scanning and emailing the completed application form and supporting documents to <a href="mailto:admin@bethesdacare.sg">admin@bethesdacare.sg</a> .</li> </ul> </li> <li>➤ You can contact us at 64451500 if you have any queries.</li> </ul>
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申请日期 APPLICATION DATES	
➤ 申请开放日期 Application opens from:	➤ 1 <sup>st</sup> August 2022
➤ 申请截止日期 Application closes on:	➤ 5 <sup>th</sup> September 2022

年级及助学金数额 VALUE PER AWARD	
➤ 小学 Primary 1 to 2	➤ \$150.00
➤ 小学 Primary 3 to 6	➤ \$250.00
➤ 中学 Secondary	➤ \$400.00

挑选 SELECTION	
<ul style="list-style-type: none"> <li>➤ 恩典之家助学金委员会将审批所有申请。</li> <li>➤ 恩典之家会将在批准日期之后直接及通过学校，以书面通知成功的申请者。</li> <li>➤ <b><u>恩典之家助学金委员会决定为最后决定，任何询问将不受处理。</u></b></li> <li>➤ 请恕不处理逾期、没填妥和缺少所需文件的申请。</li> <li>➤ 如果发现成功申请者所呈交的资料及文件不属实，恩典之家委员会有权停止颁发助学金或要求退还已经颁发的助学金。</li> <li>➤ 申请者将在 <b>2022 年 10 月的第三个星期</b>接到通知。</li> <li>➤ 助学金会在典礼之后通过财路（GIRO）汇入成功申请者的指定银行户头。</li> </ul>	<ul style="list-style-type: none"> <li>➤ BCS Bursary Awards Committee will select the recipients.</li> <li>➤ Successful applicants will be notified by post and through their schools.</li> <li>➤ <b><u>The decision of the BCS Bursary Awards Committee will be final. No correspondence, telephone or email enquiries will be entertained.</u></b></li> <li>➤ Late or incomplete applications will not be processed.</li> <li>➤ The BCS Bursary Awards Committee has the right to stop the disbursement of the bursary or to request for a full refund of the Bursary if a successful applicant is found to be withholding, or providing untrue information necessary for his/her application.</li> <li>➤ Applicants will be notified by <b>the 3rd week of October 2022.</b></li> <li>➤ The bursary will be disbursed via GIRO to the successful applicant's bank account after the ceremony.</li> </ul>

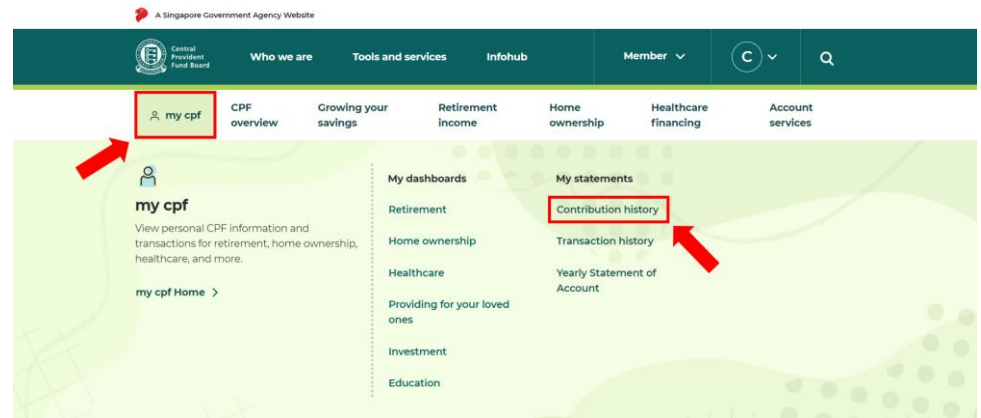
## 文件样本 SAMPLE DOCUMENTS

### 公积金缴交记录结单 CPF Contribution History

 XXX XXX XXX (CPF Account Number: SXXXXXXXXX) 15 Jul 2022 02:54 PM (Singapore Standard Time)			
<b>Contribution history</b> (For 01 May 2021 to 15 Jul 2022)			
<b>Employment contributions</b>			
For month	Paid on	Amount (\$)	Employer
Apr 2021	07 May 2021	XXX.XX	XXX PTE LTD
May 2021	07 Jun 2021	XXX.XX	XXX PTE LTD
Jun 2021	07 Jul 2021	XXX.XX	XXX PTE LTD
Jul 2021	13 Aug 2021	XXX.XX	XXX PTE LTD
Aug 2021	07 Sep 2021	XXX.XX	XXX PTE LTD
Sep 2021	08 Oct 2021	XXX.XX	XXX PTE LTD
Oct 2021	09 Nov 2021	XXX.XX	XXX PTE LTD
Nov 2021	07 Dec 2021	XXX.XX	XXX PTE LTD
Dec 2021	07 Jan 2022	XXX.XX	XXX PTE LTD
Jan 2022	08 Feb 2022	XXX.XX	XXX PTE LTD
Feb 2022	07 Mar 2022	XXX.XX	XXX PTE LTD
Mar 2022	07 Apr 2022	XXX.XX	XXX PTE LTD
Apr 2022	10 May 2022	XXX.XX	XXX PTE LTD
May 2022	09 Jun 2022	XXX.XX	XXX PTE LTD
Jun 2022	08 Jul 2022	XXX.XX	XXX PTE LTD

### To obtain CPF Statements:

www.cpf.gov.sg → login → Scan with Singpass app → click 'My CPF' → Under 'My Statements', click: 'Contribution History' → Click the PDF symbol on the top right-hand corner of the page → Click the downloaded file → Print the PDF file



## 雇主证明文件 Employment letter

# Company Letterhead

01 September 2014

**TO WHOM IT MAY CONCERN**

This is to certify that **MR. XXX**, NRIC No. **S1234567A**, is presently employed with **XYZ Logistics and Shipping Pte Ltd.** He has been working with the company since 29 March 2013 as a **Barge Foreman** and is currently receiving a day-rate salary of SGD 100.

For further inquiries regarding his employment with the company, please contact ABC at 6876 5432.

Sincerely,

**XYZ LOGISTICS AND SHIPPING PTE LTD**

Company Stamp

Issuer Name and Position

## 薪金单 Payslips

Company Logo		XYZ LOGISTICS AND SHIPPING PTE LTD	
Name :	XXX	Code :	Y10001
		END-JAN'2014	
Basic Pay	1800.00	1ST WEEK ADVANCE	-300.00
Total Over Time	368.16	STAFF LOAN(2/12)	-80.00
[OT 1.5] 10.00 Hrs x \$14.16 = 141.60		CDAC	-1.00
[OT 2.0] 12.00 Hrs x \$18.88 = 226.56		Employee CPF	-191.00
ACCOMODATION	450.00	Total No Pay	-82.76
SPECIAL ALLOWANCE	100.00	1.00 Days x 82.76 = \$-82.76	
TRANSPORT ALLOWANCE	300.00		
Employer CPF	180.00		
Gross Wages : S\$ 2935.40 / S\$ 4935.40		Nett Wages : S\$ 2363.40 / S\$4213.40	
Salary Credited To Bank Ac/Cheque No		CPF Wages : S\$ 2555.40 / S\$4555.40	
EFG Bank 1-23456-7		Total CPF : S\$ 371.00 / S\$661.00	
		AL/YTD/Bal : 1.00 / 1.00 / 48.00	
		ML/YTD/Bal : 0.00 / 0.00 / 14.00	

## 医生证明文件 Doctor's Memo

### SAMPLE

Clinic Name/ Hospital Name Letterhead

Memorandum

30 Mar 2022

Name of Patient: Mr xxxxx

TO WHOM IT MAY CONCERN

The above patient is currently receiving treatment for xxxx and xxxxx condition. He is unfit for work from April 22 to December 22.

Please assist him and his family.

Best Regards,

Dr JKL



## 医疗证明文件 Medical letter



CONFIDENTIAL PATIENT INFORMATION - HANDLE ACCORDING TO HOSPITAL POLICY

### Inpatient Discharge Summary

Patient Particulars		Admission Information	
Name:	FATIMAH [REDACTED]	Admission Date:	24 Apr 2021
MRN:	[REDACTED]	Clinical Discharge Date:	27-Jun-2021
Date of Birth:	03 [REDACTED] 1946	Clinical Discharge Type:	Planned Discharge
Address:	[REDACTED] Level/Unit: 11 [REDACTED] ANG MO KIO	Length of Stay:	64 day(s)
		Account:	[REDACTED] 96H
		Principal Doctor:	Jerry [REDACTED] 02
		Dept/Location/Class:	OTO / W75-0022-05 / CLASS C

### Patient's Copy

Diagnosis	
Principal:	Fracture of neck of femur, Left NOF fracture s/p left hip bipolar hemiarthroplasty on 27/4/21
Secondary:	Injury of left rotator cuff, for conservative management

Surgical Procedure		
Type of Procedure/Report	Description	Operation Date
Emergency	Left hip bipolar hemiarthroplasty	27/04/2021 16:35

Drug Allergy Data	
No Known Allergies	

Discharge Medication	
<p>MEDICATION(S) PRESCRIBED:</p> <ul style="list-style-type: none"> <li>- Colecalciferol [Vitamin D3] Oral Solution PO 50,000 unit, 1 time per week -- For 22 Days loading dose every Friday. Last dose 16 Jul</li> <li>- Folic Acid Tablet PO 5 mg, OM -- For 90 Days new</li> <li>- Iron (Polymaltose) Tablet PO 100 mg (ELEMENTAL), OM -- For 90 Days TSAT= 9%</li> <li>- Lactulose Syrup PO 30 mL, OM -- For 90 Days</li> <li>- Melatonin Prolonged Release Tablet PO 2 mg, At bedtime -- For 90 Days to serve at 10pm</li> <li>- Memantine HCl Tablet PO 5 mg, OM -- For 90 Days memantine 5mg OM on d/c, for med counselling by pharmacist</li> <li>- Neurovit Forte Tablet [Vit B1 242.5mg, B6 250mg, B12 1,000mcg] PO 1 tablet, OM -- For 90 Days As per med recon 9/6/21</li> <li>- Paracetamol Tablet PO 1 g, QDS PRN Pain or Fever -- For 30 Days</li> <li>- Risperidone Solution PO 0.5 mg, BD PRN for agitation -- For 90 Days</li> <li>- Sennosides 7.5mg Tablet PO 2 tablet, ON -- For 90 Days</li> <li>- White Soft Paraffin BP Ointment Topical 1 application, BD -- For 90 Days</li> <li>- Bisacodyl Suppository Rectal 10 mg, OM PRN Constipation -- For 5 Days</li> <li>- Colecalciferol [Vitamin D3] Capsule/Tablet PO 1,000 unit, OM -- For 90 Days To start maintenance dose 1000 units after last loading dose 50 000 units on 16 Jul</li> </ul>	

This is not a medical report. For Patient's Personal Reference Only  
 Name: FATIMAH [REDACTED] MRN: [REDACTED] Account: [REDACTED] SH Admission Date: 24 Apr 2021  
 3008-18-060-C

Page: 1 of 2

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# 助学金申请表格 APPLICATION FOR BURSARY

S/No.:

Family S/No.:

请在适合的方格里打勾 (Kindly tick in appropriate box)

☐ 小学 Primary☐ 中学 Secondary

申请者资料 PERSONAL PARTICULARS		
英文姓名 (以出生证/居民证为准) 以大写字母为准 Name (As in BC/NRIC) IN <b>BLOCK LETTERS</b>	居民证号码 BC/NRIC No.	
	种族 Race	
地址/邮区 Home Address (With Postal Code)	联络电话 Contact No. 家 Home: 手机 Mobile:	
国籍 Nationality/出生地点 Birth Place	性别 Sex	宗教 Religion
目前就读学校 Name of Current School	年龄 Age	须付学费 Paying School Fees <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No
政府组屋 HDB Flat (请打勾 Please tick) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 其他 Others: _____	2022 年就读年级与班级 Level and class in 2022	
你是否是恩典之家的助学金获奖者? <b>Are you a previous recipient of Bethesda Care Services Bursary Award?</b> <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No 年 Year:-		
申请者的银行户头资料 Applicant Bank Account Details (只接受 DBS, POSB, OCBC 或 UOB 户头。请附上存折第一页或印有学生名字、身份证及户头号码的副本作为验证。 DBS, POSB, OCBC or UOB A/C only. Please attach a copy of the first page of your passbook or bank document showing your name, BC or NRIC number and bank A/C number for verification.)  Name of Bank: _____ A/C no.: _____  *助学金会在典礼之后, 通过财路 (GIRO) 汇入成功申请者的指定银行户头。 * The bursary will be disbursed via GIRO to the successful applicant's bank account after the ceremony.		
您是否领取任何助学金/奖学金/免付学费? 若是, 请提供以下资料: Are you in receipt of any bursary/scholarship/fee waiver? If so, please state:		
机构/名称 Name of Organisation/Type	数额 Amount	领取日期/期限 Date/Period Awarded

课程辅助活动 CO-CURRICULAR ACTIVITIES		
请列出所参与的项目 List of Activities	担任职务 Position Held	年份 Year

奖项（请列出过去以及目前所领取的奖项） <b>AWARDS (Please give details of past and current awards received)</b>		
奖项名称 Name of Award	年份 Year	奖项总值 Value of Award

推荐声名（所有申请必须获得学校校长或部门主管的推荐） <b>RECOMMENDATION (Application must be recommended by School Principal or HODs)</b>		
<b>Part 1: To be duly completed by Student (According to report book / result slip)</b>		
Conduct	Attendance No. of Days Present: <input style="width: 40px;" type="text"/> <hr style="width: 100%;"/> Total no. of Days: <input style="width: 40px;" type="text"/>	Overall Results: Pass / Fail
<b>Part 2: Recommendation by HODs / Year Heads / Form Teachers</b>		
<b>I recommend / do not recommend the award for the following reasons:</b> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>		
<b>Part 3: Endorsement by Principal / HODs</b>		
Name: #Dr/Mr/Mrs/Ms/Miss/Mdm	Designation: Principal / HOD	
Signature / Date	School Stamp	



家长/监护人资料 PARTICULARS OF PARENTS / GUARDIAN(S)						
<b>父亲 Father/监护人 Guardian 1</b>						
英文姓名（居民证为准）以大写字母为准 Name (As in NRIC/FIN) IN <b><u>BLOCK LETTERS</u></b>				居民证号码 NRIC/FIN No.		
				种族 Race	年龄 Age	
地址/邮区 Home Address (With Postal Code)				联络电话 Contact No. 家 Home: 手机 Mobile:	婚姻状况 Marital Status	
国籍 Nationality / 出生地点 Birth Place				性别 Sex	宗教 Religion	
职业与担任的职位 Occupation and Position Held				月薪 Monthly Income (已扣公积金 after CPF Deduction)	其它收入 Other Income	
雇主/公司名称 Name of Employer/Company (包括自雇者 Including self-employed person)						
<b>母亲 Mother/监护人 Guardian 2</b>						
英文姓名（居民证为准）以大写字母为准 Name (As in NRIC/FIN) IN <b><u>BLOCK LETTERS</u></b>				居民证号码 NRIC/FIN No.		
				种族 Race	年龄 Age	
地址/邮区 Home Address (With Postal Code)				联络电话 Contact No. 家 Home: 手机 Mobile:	婚姻状况 Marital Status	
国籍 Nationality / 出生地点 Birth Place				性别 Sex	宗教 Religion	
职业与担任的职位 Occupation and Position Held				月薪 Monthly Income (已扣公积金 after CPF Deduction)	其它收入 Other Income	
雇主/公司名称 Name of Employer/Company (包括自雇者 Including self-employed person)						
<b>其他同住家庭成员资料（无需填写申请者和父母） PARTICULARS OF OTHER FAMILY MEMBERS LIVING AT THE <u>SAME</u> ADDRESS (EXCLUDING APPLICANT AND PARENTS/GUARDIAN)</b>						
姓名 Name	年龄 Age	与学生的关系 Relationship	职业 Occupation/ 学校 School	月薪(已扣 公积金) Monthly Income (After CPF)	婚姻状况 Marital Status	也在申请此项 助学金 Is also applying for this Bursary (Y/N)

家庭经济情况 FAMILY FINANCIAL SITUATION																													
<p>如果您家庭每月有其他经济来源，请在适合的方格内打勾及写下<u>每月</u>获得的款项。            If your family has other source of monthly income(s), please tick the appropriate box(es) and indicate the amount that is received <u>every month</u>.</p> <p> <input type="checkbox"/> 无其他收入 No other source of income  <input type="checkbox"/> 租金收入 Rental income: \$ _____  <input type="checkbox"/> 赡养费 Maintenance: \$ _____  <input type="checkbox"/> 公积金每月退休金 Monthly payout from CPF retirement account: \$ _____  <input type="checkbox"/> 保险赔偿（例如：家属保障计划）            Insurance compensation (e.g. Dependents' Protection Scheme): \$ _____  <input type="checkbox"/> 其他 Others (请列下收入来源及每个月的款项 Please specify income source and amount received):            _____         </p>																													
其它经济援助 Other Financial Assistance																													
<p>您家庭目前是否有接受任何机构或人士的经济援助？（请打勾）            Is your family receiving any financial assistance from other organization or person? (Please tick)</p> <p> <input type="checkbox"/> 是 Yes <input type="checkbox"/> 否 No         </p> <p>若‘是’，请提供以下资料 If ‘Yes’, please provide the following details:</p> <table border="1"> <thead> <tr> <th>机构名称/ 人士姓名 Name or organization/ Person</th> <th>电话号码 Telephone No.</th> <th>经济援助种类 Type of assistance</th> <th>数额 Amount</th> <th>期限 Period</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>					机构名称/ 人士姓名 Name or organization/ Person	电话号码 Telephone No.	经济援助种类 Type of assistance	数额 Amount	期限 Period																				
机构名称/ 人士姓名 Name or organization/ Person	电话号码 Telephone No.	经济援助种类 Type of assistance	数额 Amount	期限 Period																									
欠款 Outstanding Bills																													
<p>您家庭目前是否有拖欠任何费用？如有，请填写以下栏目。            Does your family have any outstanding bills? If yes, please fill in the table below:</p> <table border="1"> <thead> <tr> <th>欠款（请附上以下所有欠款单据的复印本） Outstanding bill (Please attach a copy of all arrears indicated below)</th> <th>各项总数（\$） Total Amount (\$)</th> </tr> </thead> <tbody> <tr> <td>租金/房屋贷款 Rental/Housing Loan Instalment</td> <td> </td> </tr> <tr> <td>水电费 Utilities</td> <td> </td> </tr> <tr> <td>杂费 Service and Conservancy charges</td> <td> </td> </tr> <tr> <td>电话费 Telephone Bills</td> <td> </td> </tr> <tr> <td>医药费 Medical Fees</td> <td> </td> </tr> <tr> <td>贷款 Loans</td> <td> </td> </tr> <tr> <td>其它欠款（请注明）： Other outstanding bills (please specify):</td> <td> </td> </tr> <tr> <td>总数 Total（\$）</td> <td> </td> </tr> </tbody> </table>					欠款（请附上以下所有欠款单据的复印本） Outstanding bill (Please attach a copy of all arrears indicated below)	各项总数（\$） Total Amount (\$)	租金/房屋贷款 Rental/Housing Loan Instalment		水电费 Utilities		杂费 Service and Conservancy charges		电话费 Telephone Bills		医药费 Medical Fees		贷款 Loans		其它欠款（请注明）： Other outstanding bills (please specify):		总数 Total（\$）								
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## 收入宣誓信 DECLARATION OF INCOME STATUS

1. 同住家庭成员的工作性质如果属于以下任何一项, 请填妥此项目:
- a) 无业  
b) 工作是散工性质  
c) 做兼职工  
d) 做全职工但无扣公积金/ 无薪金单  
e) 是个家庭主妇且没有打工
1. This section is to be filled up by family members living at the same address who are:
- a) Not working currently  
b) Doing odd jobs  
c) Doing part-time job  
d) Employed in full-time job without CPF contribution or pay slip  
e) A Housewife and is unemployed
2. 若有两个以上的家庭成员有上述工作性质, 可以在影印并填妥此页。
2. Please photocopy and complete this page if there are more than 2 family members of the above employment status.

### 家庭成员一 Family Member 1

I, \_\_\_\_\_ (name), \_\_\_\_\_ (NRIC No.), declare that I am  
(Please tick the relevant box).

☐ Not working currently

Reason: \_\_\_\_\_

Date of last employment: \_\_\_\_\_

☐ Doing odd jobs (as and when available)

I am currently earning \$\_\_\_\_\_ (after CPF contribution) per month. I declare that the above is true and accurate.

本人, \_\_\_\_\_ (姓名), \_\_\_\_\_ (居民证号码), 目前 (请在以下打勾)。

☐ 无业 (原因: \_\_\_\_\_)

最后一次就业日期: \_\_\_\_\_

☐ 的工作是散工性质

我的月薪是 \$\_\_\_\_\_ (扣公积金之后)。以上所呈报的资料全部属实。

☐ Doing part-time job

☐ Employed in a full-time job without CPF contribution/pay slip/employment letter

☐ 做兼职工

☐ 做全职工但无扣公积金/无薪金单/无雇主证明文件

\_\_\_\_\_  
签名 Signature

\_\_\_\_\_  
日期 Date

### 家庭成员二 Family Member 2

I, \_\_\_\_\_ (name), \_\_\_\_\_ (NRIC No.), declare that I am  
(Please tick the relevant box).

☐ Not working currently

Reason: \_\_\_\_\_

Date of last employment: \_\_\_\_\_

☐ Doing odd jobs (as and when available)

I am currently earning \$\_\_\_\_\_ (after CPF contribution) per month. I declare that the above is true and accurate.

本人, \_\_\_\_\_ (姓名), \_\_\_\_\_ (居民证号码), 目前 (请在以下打勾)。

☐ 无业 (原因: \_\_\_\_\_)

最后一次就业日期: \_\_\_\_\_

☐ 的工作是散工性质

我的月薪是 \$\_\_\_\_\_ (扣公积金之后)。以上所呈报的资料全部属实。

☐ Doing part-time job

☐ Employed in a full-time job without CPF contribution/pay slip/employment letter

☐ 做兼职工

☐ 做全职工但无扣公积金/无薪金单/无雇主证明文件

\_\_\_\_\_  
签名 Signature

\_\_\_\_\_  
日期 Date

## 家长/ 监护人声名与授权书 PARENT'S/ GUARDIAN DECLARATION

我谨此声明上述资料及所附上的文件副本全部属实。

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

我完全了解并同意，我所提供的个人资料在列明的情况下，可能被公开给其他机构或个人。这些信息也可用于组织规划和主办恩典之家相关的活动以及沟通恩典之家的活动或事宜。我同意并授权恩典之家在必要时将此申请表或其任何部分的资料提供给任何政府部门，法定理事会或任何其他机构。

I fully understand and agree that the personal information which I have provided may be disclosed to other agencies or individuals. The information may also be used for the purpose of organizing and planning BCS related activities as well as communication of BCS events or matters. I agree and authorize BCS to provide the information in this application form, or any part thereof, to any Government departments, statutory boards, or any other entity when necessary.

\_\_\_\_\_  
申请者签名/ 日期  
Applicant Signature / Date

\_\_\_\_\_  
家长/ 监护人签名/ 日期  
Parent/ Guardian Signature / Date

### **FOR OFFICIAL USE:**

Date Received : \_\_\_\_\_  
Processed Date : \_\_\_\_\_

Received By : \_\_\_\_\_  
Processed By : \_\_\_\_\_

Approved / Not Approved\*

证明文件核对表 CHECKLIST OF SUPPORTING DOCUMENTS		
证明文件 Documents	由申请人提交 Submitted by Applicant	由工作人员检查 Checked by Staff
1. 申请者出生证/居民证（双面） Applicant's Birth Certificate / NRIC (front & back)	<input type="checkbox"/>	<input type="checkbox"/>
2. 申请者的详细学业成绩单 (2022 最近考试成绩单) 如果学生 2022 年的考试成绩不及格，也请提供 2021 考试成绩单。那些不需要参加 2022 考试的学生，请提供 2021 年的进度报告。 Applicant's detailed academic result slip (2022 Latest Examination Results) <i>If student did not obtain a pass for latest exam results in 2022, please ALSO provide previous year end results for 2021. For applicants who do not have to sit for 2022 examinations, please submit Progress Report for 2021.</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. 每一名同住家人出生证/居民证（双面） Birth Cert/NRIC (both sides) of all family members in the same household	<input type="checkbox"/>	<input type="checkbox"/>
4. 每一名同住家人公积金缴交记录结单（最新 15 个月） CPF Contribution History of all family members in the same household (past 15 months)	<input type="checkbox"/>	<input type="checkbox"/>
5. 最新 3 个月的薪金单或 所得税结单（2022 年）或 雇主证明文件（请圈出提交的相关文件） Pay slips (Latest 3 months) OR Income tax returns (Year 2022) OR Employment letters (Please circle relevant document submitted)	<input type="checkbox"/>	<input type="checkbox"/>
6. 其他文件如：死亡证书，离婚证书，医药证件，裁员/解雇通知书，减薪通知书等（如有）（请圈出提交的相关文件） Other documents (e.g. Death Certificate, Divorce Certificate and Medical Certificate, Retrenchment/Termination letter and Notice of Pay cut) where applicable (Please circle relevant document submitted)	<input type="checkbox"/>	<input type="checkbox"/>
7. 存折第一页或印有学生名字、身份证及户头号码的副本。 Copy of the first page of applicant's passbook or bank document showing applicant's name, BC or NRIC number and bank A/C number.	<input type="checkbox"/>	<input type="checkbox"/>