

**恩典之家 助学金 2025 (小学/中学)**  
**Bethesda Care Services**  
**Bursary Award for Year 2025 (Primary/Secondary School)**

申请日期 APPLICATION DATES	
➤ 申请开放日期 Application opens from:	➤ 5 August 2024
➤ 申请截止日期 Application closes on:	➤ 10 September 2024

年级及助学金数额 BURSARY QUANTUM	
➤ 小学 Primary 1 to 2	➤ \$200.00
➤ 小学 Primary 3 to 6	➤ \$300.00
➤ 中学 Secondary	➤ \$450.00

申请资格 ELIGIBILITY	
<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> <li>➤ 提交所需文件和资料</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> <li>➤ Submission of all requested information and documents</li> </ul>

挑选 SELECTION	
<ul style="list-style-type: none"> <li>➤ 申请者将在 2024 年 10 月的第三个星期接到通知申请结果。</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提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>➤ 成功申请者必须出席于 <b><u>2024 年 11 月 8 日</u></b> 的颁奖典礼。</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>➤ Applicants will be notified of the outcome by 3<sup>rd</sup> week of October 2024.</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>➤ It is <b>compulsory</b> for successful applicants to attend award ceremony on <b><u>8 November 2024.</u></b></li> <li>➤ The bursary will be disbursed via GIRO to the successful applicant's bank account after the ceremony.</li> </ul>

**需要提供的文件 DOCUMENTS TO SUBMIT**

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| <ul style="list-style-type: none"> <li>➤ <b>申请者所有同住家人的个人资料:</b> <ol style="list-style-type: none"> <li>1. 居民证 (双面)</li> <li>2. 出生证</li> <li>3. 死亡证书, 离婚证书 (如有)</li> </ol> </li> <li>➤ <b>家庭收入证明文件</b> <ol style="list-style-type: none"> <li>1. 请参考以下简表所需的收入证明文件</li> <li>2. 裁员/解雇通知书 (如有)</li> <li>3. 无业者, <b>请填入收入宣誓信</b> (参阅表格第 11 页)</li> <li>4. 因病情而不能工作, 请呈上医生证件等</li> </ol> </li> <li>➤ <b>成绩单</b> <ol style="list-style-type: none"> <li>1. 2024 年最近的成绩单和 2023 年年终成绩单</li> <li>2. 那些没有成绩单的学生, 请提供 2024 年的进度报告</li> </ol> </li> <li>➤ <b>学校推荐声名</b> (第 8 页)<br/>申请表格必须获得校长或部门主管或级任老师签名</li> <li>➤ <b>银行存折单</b><br/>存折第一页或印有学生名字, 身份证及户头号码的副本</li> </ul> | <ul style="list-style-type: none"> <li>➤ <b><u>Personal Details of Applicants and all family members staying in the same household</u></b> <ol style="list-style-type: none"> <li>1. NRIC for Citizen and Permanent Residents (both sides)</li> <li>2. Birth Certificate (proof of relationship)</li> <li>3. Divorce Certificate or Death Certificate, where applicable</li> </ol> </li> <li>➤ <b><u>Statement or Declaration of Income</u></b> <ol style="list-style-type: none"> <li>1. For income documents requirement, please refer to the table below.</li> <li>2. Retrenchment/Termination letter, if applicable</li> <li>3. For those unemployed, please fill in the Declaration of Income Status (Refer to Pg. 11)</li> <li>4. For unemployment due to medical reasons, medical certificate/ reports is required.</li> </ol> </li> <li>➤ <b><u>Academic Details</u></b> <ol style="list-style-type: none"> <li>1. Latest result slips in 2024 <b>and</b> 2023 year-end result.</li> <li>2. Latest progress report if there is no result slip.</li> </ol> </li> <li>➤ <b><u>Recommendation</u></b> by School (Refer to Pg. 8)<br/>Application has to be recommended and signed by school principal/ HODs/ Year Head/ Form Teacher</li> <li>➤ <b><u>Bank document</u></b><br/>Copy of first page of applicant's passbook or bank document showing applicants' name, BC or NRIC number and Bank Account number</li> </ul> |
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**Income Documents Required 所需收入证明文件**

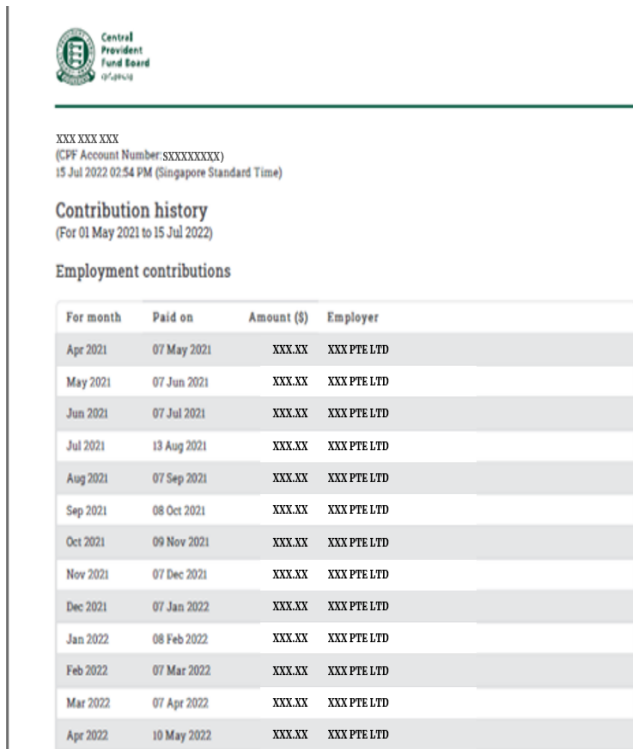
Types of Income Document Required 所需收入证明文件	Job Nature 工作性质			Unemployed 无业
	Company Employment 受聘员工	Self-employed/ Freelance/ Part Time/ Odd Job 自雇人士/ 自由业者/ 散工/ 兼职	Private Hire Driver/ Food Delivery Rider 私召车司机/ 送外卖者	Family members aged 18-70 (except full time students below age 26 or serving NS) 18-70 岁的家庭成员 (26 岁以下全职学生或服兵役者除外)
CPF Contribution History for the last 15 months 最近 15 个月的公积金缴交记录	✓	✓	✓	✓
Last 3 months' pay slips/ Employment letter 最近 3 个月的薪水单/ 收聘书	✓			
Latest IRAS Notice of Assessment 最近的估计通知书		✓		
Latest 3 months' Weekly Pay Statement 最近 3 个月的每周收入结单			✓	
Declaration of Income Status (refer to Pg. 11) 收入宣誓信 (第 11 页)				✓

## 表格提交 FORM SUBMISSION

- |  |   |
|--|---|
| <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：<br/><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 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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文件样本 SAMPLE DOCUMENTS

公积金缴交记录结单 CPF Contribution History

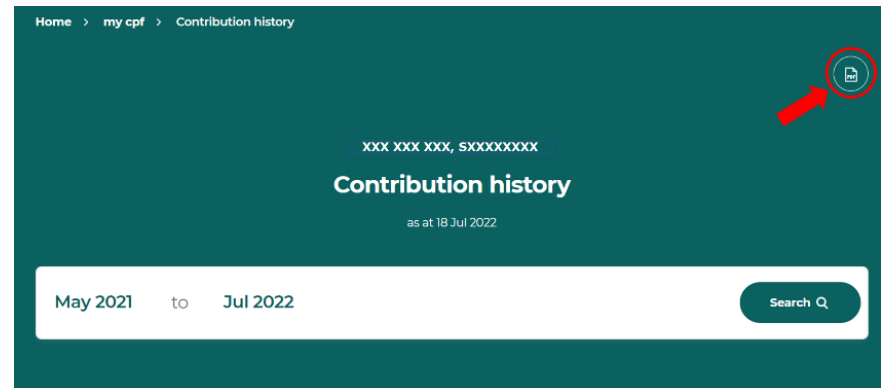
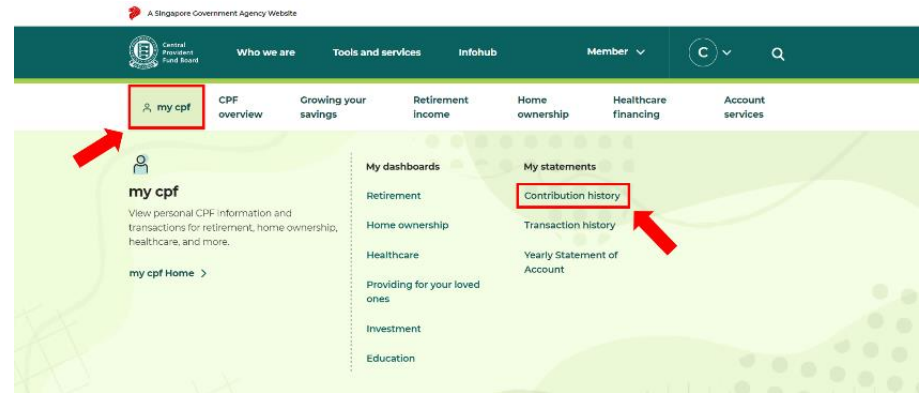


XXX XXX XXX  
(CPF Account Number: SXXXXXXXXX)  
15 Jul 2022 02:54 PM (Singapore Standard Time)

**Contribution history**  
(For 01 May 2021 to 15 Jul 2022)

**Employment contributions**

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



**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		Name: XXX	Code: Y10001
		END-JAN2014	
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	

## Income Statement from Private Hire Vehicle Driver or Food Deliverer 私召车司机或送餐服务的薪金单

**Driver Statement** Grab

6 December, 2021 - 12 December, 2021

Paid to	Summary	
	Total Earnings	1,161.52
	Total Deductions	-821.25
	<b>Weekly Total</b>	<b>S\$340.27</b>

Earnings details	
Description	Amount
Transport net earnings	746.20
Fares	735.00
Other earnings	197.00
Commission	-185.80
Deliveries net earnings	190.00
Food base earnings	97.68
Express base earnings	0.00
Commission	0.00
Earnings adjustment	92.32
Incentives	39.52
Rental Fees	-635.45
<b>Total Earnings</b>	<b>1,161.52</b>
<b>Total Deductions</b>	<b>-821.25</b>
<b>Weekly Total</b>	<b>S\$340.27</b>

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 24 to December 24.

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] Gender: Female	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] 06H
		Principal Doctor:	[REDACTED] 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	
MEDICATION(S) PRESCRIBED:	
- Colecalciferol [Vitamin D3] Oral Solution PO 50,000 unit, 1 time per week -- For 22 Days loading dose every Friday. Last dose 16 Jul	
- Folic Acid Tablet PO 5 mg, OM -- For 90 Days new	
- Iron (Polymaltose) Tablet PO 100 mg (ELEMENTAL), OM -- For 90 Days TSAT= 9%	
- Lactulose Syrup PO 30 mL, OM -- For 90 Days	
- Melatonin Prolonged Release Tablet PO 2 mg, At bedtime -- For 90 Days to serve at 10pm	
- Memantine HCl Tablet PO 5 mg, OM -- For 90 Days memantine 5mg OM on d/c, for med counselling by pharmacist	
- 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	
- Paracetamol Tablet PO 1 g, QDS PRN Pain or Fever -- For 30 Days	
- Risperidone Solution PO 0.5 mg, BD PRN for agitation -- For 90 Days	
- Sennosides 7.5mg Tablet PO 2 tablet, ON -- For 90 Days	
- White Soft Paraffin BP Ointment Topical 1 application, BD -- For 90 Days	
- Bisacodyl Suppository Rectal 10 mg, OM PRN Constipation -- For 5 Days	
- 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	

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

**助学金申请表**  
**APPLICATION FOR BURSARY**

For official use only

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><u>BLOCK LETTERS</u></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	
目前就读学校 Name of Current School	年龄 Age	
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: _____	2024 年就读年级与班级 Level and class in 2024	
您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

推荐声名 (所有申请必须获得学校校长或部门主管的推荐)

**RECOMMENDATION (Application must be recommended by School Principal or HODs or Form Teachers)**

**Part 1: To be duly completed by Student (According to report book / result slip)**

Conduct	Attendance No. of Days Present:	<input type="text"/>	Overall Results: Pass / Fail
	Total no. of Days:	<input type="text"/>	

**Part 2: Recommendation by HOD / Year Head / Form Teacher**

**I recommend / do not recommend the award for the following reasons:**

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**Part 3: Endorsement by Principal / HOD**

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	
国籍 Nationality / 出生地点 Birth Place			联络电话 Contact No. 家 Home: 手机 Mobile:	婚姻状况 Marital Status	
职业与担任的职位 Occupation and Position Held			月薪 Monthly Income (还没扣公积金 before CPF Deduction)	其它收入 Other Income	
<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	
国籍 Nationality / 出生地点 Birth Place			联络电话 Contact No. 家 Home: 手机 Mobile:	婚姻状况 Marital Status	
职业与担任的职位 Occupation and Position Held			月薪 Monthly Income (还没扣公积金 before CPF Deduction)	其它收入 Other Income	
<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 (还没扣 公积金) Monthly Income (before CPF)*	也在申请此项助 学金 Is also applying for this Bursary (Y/N)

*\*For adults aged 18-70 and not working (except full time student below age26 or serving NS), please complete form in page 11.  
18-70 岁的无业者，请在第 11 页填表格 (26 岁以下全职学生或服兵役者除外)。*

## 家庭经济情况 FAMILY FINANCIAL SITUATION

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每月获得的款项。

If your family has other source of monthly income(s), please tick the appropriate box(es) and indicate the amount that is received every month.

无其他收入 No other source of income

租金收入 Rental income: \$ \_\_\_\_\_

赡养费 Maintenance: \$ \_\_\_\_\_

公积金每月退休金 Monthly payout from CPF retirement account: \$ \_\_\_\_\_

保险赔偿（例如：家属保障计划）

Insurance compensation (e.g. Dependents' Protection Scheme): \$ \_\_\_\_\_

其他 Others (请列下收入来源及每个月的款项 Please specify income source and amount received):

\_\_\_\_\_

## 其它经济援助 Other Financial Assistance

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)

是 Yes

否 No

若‘是’，请提供以下资料 If ‘Yes’, please provide the following details:

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

## 收入宣誓信 DECLARATION OF INCOME STATUS

1. 同住无业的家庭成员，以及 18-70 岁的，请填写此项目（26 岁以下全职学生或服兵役者除外）。
2. 若有两个以上的家庭成员有上述工作性质，可以在影印并填写此页。
1. This section is to be filled up by family members aged 18-70 living at the same address who are not working currently. (Except full time student below age 26 or serving NS).
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 not working currently. My last date of employment was \_\_\_\_\_.

Reason for not working: (Please tick the relevant box).

- Medical condition, please state \_\_\_\_\_ and submit medical document
- Caregiver for child/ children below age 7
- Caregiver for elderly
- Caregiver for special needs child
- Looking for job
- Other reason, please state here \_\_\_\_\_

本人，\_\_\_\_\_（姓名），\_\_\_\_\_（居民证号码），目前无业。我最后一次就业日期：\_\_\_\_\_。

无业原因：（请在以下打勾）。

- 病情，请注明：\_\_\_\_\_ 以及呈上医生证件
- 照顾 7 岁以下孩子
- 照顾年长父母
- 照顾有特殊需要的孩子
- 正在找工作
- 其他原因，请注明：\_\_\_\_\_

\_\_\_\_\_ 签名 Signature

\_\_\_\_\_ 日期 Date

### 家庭成员一 Family Member 2

I, \_\_\_\_\_ (name), \_\_\_\_\_ (NRIC No.), declare that I am not working currently. My last date of employment was \_\_\_\_\_.

Reason for not working: (Please tick the relevant box).

- Medical condition, please state \_\_\_\_\_ and submit medical document
- Caregiver for child/ children below age 7
- Caregiver for elderly
- Caregiver for special needs child
- Looking for job
- Other reason, please state here \_\_\_\_\_

本人，\_\_\_\_\_（姓名），\_\_\_\_\_（居民证号码），目前无业。我最后一次就业日期：\_\_\_\_\_。

无业原因：（请在以下打勾）。

- 病情，请注明：\_\_\_\_\_ 以及呈上医生证件
- 照顾 7 岁以下孩子
- 照顾年长父母
- 照顾有特殊需要的孩子
- 正在找工作
- 其他原因，请注明：\_\_\_\_\_

\_\_\_\_\_ 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。

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。若活动涉及摄影/录像，恩典之家会保留在公开媒体或其他平台上使用这些活动照片和影像以作宣传的权利。

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.

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. Where activities that involve photography/videography, BCS reserves the right to use these images taken during the activities for publicity and promotional purposes on media platforms, public or otherwise.

\_\_\_\_\_  
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 : \_\_\_\_\_ Received By : \_\_\_\_\_  
Processed Date : \_\_\_\_\_ 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 a) 2024 最近考试成绩单和 2023 年终成绩单 b) 那些没有成绩单的学生，请提供 2024 年的进度报告 Applicant's detailed academic result slip a) 2024 Latest Examination Results and 2023 year-end result slips b) Latest progress report if there is no result slip	<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（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（2024 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 2024) 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"/>