

EXPLANATORY NOTES

- (a) Household Income is the total income of family members who stay in the same household or who contribute to the income of the household. Gross income is income including allowances and employee's CPF contribution.
- (b) Maintenance income received by divorcee is to be included in household income.
- (c) Dependent children refer to unmarried children under 16 years of age, unmarried children over 16 years receiving full time education, or unmarried handicapped children.
- (d) National Service allowance earned by NS men is not to be included in household income.
- (e) If the income earner is on no-pay leave for a specific period, he/she is not unemployed. His/her monthly income in months when she/he was not on no-pay leave should be assessed.
- (f) Severance compensation and insurance payment are not to be included as household income.
- (g) For a student who has no parents and is under the care of a relative, , the relative's income is to be use to determine the student's eligibility if the relative is the student's legal guardian.
- (h) If a family member is unemployed, he needs to submit a letter declaring that since when (i.e. the month and year) he/she has been unemployed.
- (i) Siblings in the same school can submit all their applications using one single form and one set of supporting documents.

APPLICATION FOR INDEPENDENT SCHOOLS BURSARY SCHEME (ISB)

[Please note : It takes about 10 minutes to complete this form. You will need the applicant's particulars, and the particulars and income information of the family members.]

Section I : Particulars of Student(s)

Name of School:					
Birth Cert/NRIC No	Name (Underline Surname)	Level / Class	MOE scholarship recipient (Indicate Scheme)	A MOE FAS recipient in 2007? (Y / N)	A MOE FAS/ISB recipient last year? (Y / N)
Home Address			Contact No		
Email Address					

Section II : For RenewalPart 1

Please tick (✓) one below :

() Beside income, there is no change to other information provided since last application. Please complete Part 2 in this Section and Section VI.

() Beside income, there are changes to other information provided since last application. Please complete Sections III, IV, V and VI.

Part 2 : Declaration

(Note: Letter from employer or payslips from family members should be submitted as proof of earned income. For self-employed family members, Income Tax Assessment Returns or written declarations of incomes are required. For unemployed family members, written declarations are to be attached.)

I declare that the information provided is true to the best of my knowledge. I undertake to refund the value of financial assistance received if any of the information is found to be false later on.

I confirm that I understand that the information given by me in this form, or any part thereof, may be communicated to any Government department, statutory board, or any other entity involved in any way in the administration of social assistance grants, for the purposes of (i) compiling any relevant statistics, (ii) formulating, revising or altering any policy related to social assistance grant schemes or social welfare policies in general, (iii) verifying the information given by me herein, and/or (iv) administering social assistance grants and I consent to this being done.

Date: _____

Signature of Parent/Guardian

Section III : Particulars of Family Members

[Note: Letter from employer or payslips should be submitted as proof of earned income. For self-employed family members, Income Tax Assessment Returns or written declarations of incomes are required. For unemployed family members, written declarations are to be attached.]

NRIC /Birth Cert. No.	Name	Age	Marital status	Relation-ship	Occupation & Name of Employer	Gross Monthly Income \$
Total						

Section IV : Other Sources of Income received by the family (if any)

Source of Income	Monthly Amount \$

Section V : Declaration

I declare that the information provided above is true to the best of my knowledge. I undertake to refund the value of financial assistance received if any of the information is found to be false later on.

I confirm that I understand that the information given by me in this form, or any part thereof, may be communicated to any Government department, statutory board, or any other entity involved in any way in the administration of social assistance grants, for the purposes of (i) compiling any relevant statistics, (ii) formulating, revising or altering any policy related to social assistance grant schemes or social welfare policies in general, (iii) verifying the information given by me herein, and/or (iv) administering social assistance grants and I consent to this being done.

Date: _____

Signature of Parent/Guardian

