

**SCGS SPORTS SCHOLARSHIP  
FOR THE ACADEMIC YEAR OF 2012**

**Attach  
passport size  
photograph  
of Applicant  
here**

*Please attach separate lists if space provided is insufficient*

<b>SECTION I APPLICANT'S PARTICULARS</b>	
Name:	
NRIC No:	Class (year):
Citizenship:	Date of Birth (dd/mm/yy):
Address: _____ _____ S'pore ( _____ )	
Home Contact No:	Mobile Contact No:

**For Section II, please attach photocopies of the following documents :**

1. CCA records verified by teacher-in-charge.
2. Other certificates or records in support of declared participation or achievements stated above.
3. Previous 2 years' academic records.
4. CCA records verified by teacher-in-charge.

<b>SECTION II</b>	
<b>CCA Sport :</b>	
<b>CCA Achievements</b> Please list in the columns below.	
2010	2011
<b>Academic Record – Overall Average (%)</b>	
2010:	2011:

<b>Other Achievements</b> e.g leadership positions, awards, student-initiated activity etc.	
<b>Applicant’s Personal Statement:</b> e.g What progress are you making? How are you contributing back to school and the society at large?	

I declare that the information I have furnished above is, to my knowledge, true and accurate.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Name : \_\_\_\_\_

We, the parents and / or legal guardians of the above named applicant hereby confirm that we are aware of her application for this scholarship and agree to her application for it.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

Date : \_\_\_\_\_

**For Section III is to be submitted to HOD CCA/PE in a Sealed Envelope by CCA teacher-in-charge.**

<b>SECTION III REFEREES</b>	
Name of CCA teacher-in-charge:	No. of years of association :
Comments on applicant / attach separate testimonial if preferred :	
<p><b>Scholarship renewal :</b></p> <p> <input type="checkbox"/> Strongly Recommended                      <input type="checkbox"/> Recommended                      <input type="checkbox"/> Not Recommended             </p>	
_____ Signature	_____ Date
Name of CCA Coach :	No. of years of association :
Comments on applicant / attach separate testimonial if preferred :	
<p><b>Scholarship renewal :</b></p> <p> <input type="checkbox"/> Strongly Recommended                      <input type="checkbox"/> Recommended                      <input type="checkbox"/> Not Recommended             </p>	
_____ Signature	_____ Date

**To be completed by HOD (Aesthetics, CCA & PE)**

Name: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Scholarship renewal**

Strongly Recommended       Recommended       Not Recommended

**To be completed by School Principal**

The application is :     approved       not approved.

Mrs Low Ay Nar  
Principals' Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date