



# SIVADAS-HEB EDUCATION FUND

## PRE-SCHOOL BURSARY

### APPLICATION FORM

*\* Please delete accordingly*

<b>(I) APPLICANT'S PARTICULARS (AS IN I/C)</b>	
Name :	
Date of Birth : _____ IC No : _____	Gender : Male / Female *
Citizenship : Singaporean / PR *	Race : _____ Religion : _____
Language(s) spoken : _____	
Marital Status : Single / Married / Separated / Widowed / Divorced *	
Home Address: Blk _____ Unit No. # _____ Street Name : _____ Postal Code : _____ Tel No : _____ (Home) _____ (Mobile / HP) Email : _____	
Type of Flat 1-room / 2-room / 3-room / 4-room / 5-room / Others (pls specify) * : _____ Ownership: Purchased/ Rental*	

Occupation (if not working, state unemployed and duration of unemployment)

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Gross Monthly Income (Total Income before CPF deduction, excluding allowances, if any)

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Details of Child Development Account (CDA)

Account No : \_\_\_\_\_

Bank : \_\_\_\_\_

**(II) PRE-SCHOOL PARTICULARS**

Name of Pre-School : \_\_\_\_\_

Address : \_\_\_\_\_ Tel No : \_\_\_\_\_

**(III) ASSISTANCE RECEIVED / APPLIED**

Did you receive any assistance last year?      Yes / No\*      *(if yes, please provide details)*

Name of Organisation	Amount

Have you applied for other assistance for this year?      Yes / No\*      *(if yes, please provide details)*

Name of Organisation

**(IV) PARTICULARS OF FAMILY MEMBERS (WITHIN HOUSEHOLD)**

- Details of all family members living in the same household must be included
- Please provide a copy of the latest payslip, income declaration or letter from employer for all employed members of the family who are living in the same household

Name	Relationship to Applicant	NRIC	Date of Birth	Education Level	Occupation	Gross Monthly Income
<b>Total (\$)</b>						

**(V) PARTICULARS OF CHILDREN (6 YEARS AND BELOW) ATTENDING CHILDCARE**

Name	Relationship to Applicant	BC NO	Date of Birth	Name of School

**(VI) DECLARATION (TO BE COMPLETED BY PARENT OR GUARDIAN)**

1. I hereby declare that the particulars contained in this application are true and correct.
2. I understand that the committee reserves the right to verify the above information in whatever means deemed fit and necessary. I understand that any misreporting of the above information can lead to my application being rejected.
3. I understand that the acceptance of this application form by the Hindu Endowments Board does not bind the Hindu Endowments Board to approve the application and that the Hindu Endowments Board is at liberty to reject the application without giving any reason(s).

\_\_\_\_\_ Name of Parent / Guardian

\_\_\_\_\_ Signature of Parent / Guardian

\_\_\_\_\_ Date

**(VII) ENDORSEMENT BY PRINCIPAL OF PRE-SCHOOL CENTRE**

I confirm that \_\_\_\_\_, BC No: \_\_\_\_\_, is enrolled in \_\_\_\_\_ at our  
(Child name) (class)  
\_\_\_\_\_ w.e.f. \_\_\_\_\_  
(Name of centre) (date)

I support this application. As the Bursary is paid for by the Sivadas – HEB Fund, I undertake to inform the Hindu Endowments Board if the child is removed from our institution.

I also understand that the Fund will not pay any outstanding arrears in fees.

\_\_\_\_\_  
Name of Principal

\_\_\_\_\_  
Signature of Principal

\_\_\_\_\_  
Date

\_\_\_\_\_  
School Centre Stamp

**(VII) FOR OFFICIAL USE**

Application : Approved / Not Approved

Amount Approved : \$ \_\_\_\_\_ pm for the period from \_\_\_\_\_ to \_\_\_\_\_

Remarks : \_\_\_\_\_  
\_\_\_\_\_

Approved By: Signature : \_\_\_\_\_

Name / Date : \_\_\_\_\_

You may mail or fax or handover in person the completed form with the applicable supporting documents (including copies of Child's BC ,Parents I/C , latest 3 mth CPF contribution (or) Income tax statement , copy of latest payslip, income declaration or letter form employer, copy of CDA a/c bank statement ) to

Sivadas – HEB Education Fund  
c/o Hindu Endowmentss Board  
397, Serangoon Road, Singapore 218123

Tel: 6296 3469 Ext 202 (Ms Hemma) Fax: 6292 9766

Web Site: [www.heb.gov.sg](http://www.heb.gov.sg) E mail: shetf@heb.gov.sg