

**APPLICATION FOR FINANCIAL ASSISTANCE IN GOVERNMENT /
GOVERNMENT-AIDED SCHOOLS**

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

Section I : Particulars of Pupil(s)

Name of School:	ZHANGDE PRIMARY SCHOOL	
Birth Cert/NRIC No	Name (Underline Surname)	Level / Class
Home Address:	Contact No.:	

Section II : For Renewal

<p><u>Part 1</u> Please tick (√) one below :</p> <p>() Beside income, there is no change to other information provided since last application. Please complete <u>Part 2</u> in this Section and Section VI.</p> <p>() Beside income, there are changes to other information provided since last application. Please complete Sections III, IV, V and VI.</p>
<p><u>Part 2 : Declaration</u> (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.)</p> <p>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.</p> <p>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.</p> <p>Date: _____</p> <p style="text-align: right;">_____ Signature of Parent/Guardian</p>

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 \$

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

Section VI : Request for Free Textbooks and School Attire

If your child/ward is granted MOE FAS and requires free textbooks and school attire, please tick (√) against the box below on what are the item(s) required. You may tick more than one box.

- | | | | |
|--------------------------|-----------------|--------------------------|--------------------------|
| <input type="checkbox"/> | Textbooks | <input type="checkbox"/> | School uniforms (2 sets) |
| <input type="checkbox"/> | Shoes (1 pair) | <input type="checkbox"/> | PE attire (2 sets) |
| <input type="checkbox"/> | Socks (2 pairs) | | |

If your child/ward does not require free school attire, please tick (√) against the box below:

- My child/ward does not need any of the above items.

Section VII : To be completed by school

Eligibility – To be completed by FAS Processing Officer

The applicant is a Citizen / Non-Citizen.

The family has _____ Children.

The family's Gross Household Income is \$_____

- The applicant is eligible for the MOE FAS.
- The applicant is eligible for the SAC FAS.
- The applicant is not eligible for any FAS.

Remarks: _____

_____	Ms Chng Shi Hua / AM	_____
Date	Name & Designation	Signature

Approval – To be completed by the FAS Approving Officer

Tick (√) one below :

- () The application is approved and the pupil will be provided the free item(s).
(State the item(s) in the "Remarks" below)
- () The application is not approved (State the reason for non approval in the "Remarks" below).

Remarks: _____

_____	Mrs Jaswant Sroya / Principal	_____
Date	Name & Designation	Signature

Update to iBENS – To be completed by iBENS DEC and iBENS AO

Authority Reference No : _____

A grant request has been entered into iBENS	_____	_____
	Signature of iBENS DEC	Date

The grant request has been approved / rejected in iBENS	_____	_____
	Signature of iBENS AO	Date