

APPLICATION FOR MOE FINANCIAL ASSISTANCE SCHEME FOR YEAR _____

Section I : Student's Particulars

| | | |
|--------------------|------------------|--------------|
| Name of School: | POI CHING SCHOOL | |
| Birth Cert/NRIC No | Name | Class / Year |
| | | |
| Home Address: | | |
| | | |
| Tel (H): | | |
| Hp: | | |

Section II : Information On Household Members & Incomes

| S/N | NRIC /Birth Cert. No. | Name | Occupation & Employer's Name | Monthly Gross Income |
|-----|-----------------------|-----------------|------------------------------|----------------------|
| 1 | | | | |
| | Age : | Marital Status: | Relationship: Father | |
| 2 | | | | |
| | Age : | Marital Status: | Relationship: Mother | |
| 3 | | | | |
| | Age : | Marital Status: | Relationship: | |
| 4 | | | | |
| | Age : | Marital Status: | Relationship: | |
| 5 | | | | |
| | Age : | Marital Status: | Relationship: | |

Note - Documents required to be attached

- (i) If the student is under MCYS Public Assistance Scheme, attach a copy of the pass issued by MCYS PAS. If he/she is an inmate of a welfare home, attach a letter from the home.
- (ii) For each working household member, the recent payslip or a letter from the employer certifying the gross monthly income is to be attached.
- (iii) For an unemployed family member, he/she is to make a declaration at **Annex A**.
- (iv) For a self-employed family member, the latest Income Tax Assessment Returns is required. If the member is not required to pay tax or the tax returns do not reflect his/her current income status, he is to complete the written declaration at **Annex A**.

(b) Other Sources of Income Received by the Family (if any)

| Source of Income | Monthly Amount |
|------------------|----------------|
| | |
| | |

Section III : Request for Free Textbooks & School Attire

If your child/ward is granted MOE FAS, please tick (✓) the box below to indicate the item(s) required.

| | | | |
|------------------------------------|-----------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Textbooks | <input type="checkbox"/> Uniforms | <input type="checkbox"/> PE attire | <input type="checkbox"/> Shoes |
| | <input type="checkbox"/> 1 set | <input type="checkbox"/> 1 set | (\$20 voucher) |
| | <input type="checkbox"/> 2 sets | <input type="checkbox"/> 2 sets | |

Section IV : Declaration

I, <Name> _____, NRIC No _____, hereby declare that the information provided in this application is true to the best of my knowledge. I undertake to refund the value of benefits received by my child / ward 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 (a) compiling any relevant statistics, (b) formulating, revising or altering any policy related to social assistance grant schemes or social welfare policies in general, (b) verifying the information given by me herein, &/or (c) administering social assistance grants & I consent to this being done.

Signature: _____

Date: _____

Section V : To Be Completed by School

Eligibility – To be completed by FAS Processing Officer (FAS PO)

| | |
|--|-------------------------|
| Information on family members & income | Complete / Incomplete |
| Student's citizenship | Citizen / Non-Citizen |
| No of children in the household | |
| Monthly Gross Household Income | |
| Eligibility for MOE FAS | Eligible / Not Eligible |

Remarks:

Name & Designation: _____

Signature: _____

Date: _____

| | |
|--|-------------------------|
| Decision – To be completed by the FAS Approving Officer | Approved / Not-Approved |
|--|-------------------------|

Remarks:

Name & Designation: _____

Signature: _____

Date: _____

| | | |
|---|-----------|------|
| Update to iBENS - Authority Reference No Assigned: | | |
| FAS period: | | |
| Action | Signature | Date |
| iBENS DEC - Grant updated to iBENS | | |
| iBENS AO - Grant approved/reflected in iBENS | | |

ANNEX A - DECLARATION OF UNEMPLOYMENT/INCOME FROM SELF-EMPLOYMENT

Declaration Of Unemployment

I <Name> _____, NRIC No: _____, hereby declare that I have been without a job since <Month> _____ <Year> _____.

Declaration Of Monthly Income By Self-Employed Household Member

I <Name> _____, NRIC No: _____, hereby declare that I am working as <Occupation> _____ & my monthly income is \$ _____.

* I am not required to submit Income Tax Assessment Return / The latest Income Tax Assessment Return submitted by me does not reflect my current income status for the reason given below:

* Delete the sentence which is not applicable.

Signature: _____

Date: _____