



**SINGAPORE BANK EMPLOYEES' THRIFT AND LOAN
CO-OPERATIVE LIMITED**

116 LAVENDER STREET, #04-03 PEK CHUAN BUILDING, SINGAPORE 338730

TEL/FAX NO : 6392 1995 (EMAIL: sbetl@sbetl.com)

**APPLICATION FOR SCHOLARSHIP AWARD
APPLICATION FOR STUDENTS IN THE REPUBLIC OF SINGAPORE ONLY**

1. PARTICULARS OF APPLICANT

RESIDENTIAL ADDRESS _____

To : THE HON SECRETARY

I, a student of Primary/Secondary* _____ of _____
_____ School located at _____
_____ wish to apply for an award of a scholarship from your Co-operative.

The particulars of my parent (father/mother*) who is presently a member of your Co-operative are as follow:

| | |
|------------------------------|------------------------|
| NAME | MEMBERSHIP NO |
| PLACE OF EMPLOYMENT: | |
| DATE JOINED THE CO-OPERATIVE | PROOF OF RELATIONSHIP: |

I confirm that the particulars of my parent listed above have been given to me by my parent for the purpose of this application for the scholarship award from your Co-operative and that such particulars have been filled in with his/her consent.

I submit the following documents in support of my application:-

| | |
|----|--|
| a. | Certified true copy of the results for the final examination or photocopy of the results from the report book and certified by the Principal of the School /Class Teacher. |
| b. | Photocopy of my birth certificate |

I hereby declare that the information contained in this application is true whether written by me or by anyone else on my behalf. I am aware that my parent shall be required to refund in full the amount of the award made to me with interest @ 6% p.a. to the Co-operative if any of such information as given herein is found subsequently to be false.

Yours faithfully

FULL NAME OF APPLICANT:

2. CERTIFICATION BY SCHOOL

I confirm that the above named student is/was attending our School, and attached herewith is a true copy of his/her* examination result.

| | |
|---|--|
| Chop of School & Signature of Principal/Class Teacher | |
|---|--|

3. CERTIFICATION BY PARENT

I certify that the information given in Section (1) above is correct in all respect and that my child has not applied for a Scholarship Award from any other organizations elsewhere during the current calendar year.

Signature of Parent _____

FULL NAME OF PARENT _____

4. (FOR OFFICIAL USE ONLY)

The above application is considered in the Committee of Management of the Co-operative and is approved/rejected on it's monthly/special meeting held on _____.

Scrutiny by Hon Secretary _____ Chairman of Meeting _____ Hon Treasurer _____

***DELETE WHERE NOT APPLICABLE**

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| N.B. ALL COMPLETED APPLICATION FORMS SHOULD BE RETURNED TO THE HON SECRETARY, BY 7 TH JANUARY OF THE FOLLOWING YEAR. |
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