SAWL SCHOLARSHIP FUND (for students with special needs)

This Scholarship fund was founded in memory of The Honourable, the late Mr Justice Tan Ah Tah and was known as "Tan Ah Tah-SAWL Fund". With effect from 25 May 2016, the Fund has since changed its name to "**SAWL Scholarship Fund**".

- The Scholarship shall be awarded by the Trustees under the Fourth Amendment and Restatement of the Third, Second and First Amendment and Restatement of the Supplemental Trust Deed ("the First Amendment") establishing the SAWL Scholarship Fund, made on the 24th day of July 2019 in accordance with the terms set out in the above Trust Deeds.
- 2. The Trustees shall be the Trustees of the Scholarship and its funds.
- 3. The Scholarship may be granted to the following applicants requiring financial assistance:

	Types of Award		Maximum Amount*
A	Secondary/ Pre University	For applicants who are studying in any of the (i) secondary levels, namely secondary one to secondary five in 2020 ; and (ii) pre-university levels in 2020	S\$300 per year
В	Institute of Technical Education	For applicants who are pursuing courses in such institutions.	S\$600 per year
С	Junior College /Polytechnic	For applicants who are pursuing courses in such colleges/institutions.	S\$2,000 per year
D	Tertiary Education	For applicants who have been accepted to study in the universities in Singapore that are approved by the Ministry of Education or any equivalent relevant authorities, for the academic year 2020.	S\$8,000 per year

*Or at the discretion of the Trustees.

- 4. In order to qualify for the Scholarship, a candidate must be:
 - a) either a Singapore citizen or a permanent resident of Singapore;
 - b) physically/intellectually disabled (including one who is from any approved charity as defined under the Income Tax Act (Chapter 134) or any society duly registered under the Societies Act (Chapter 311)), who is in need of financial assistance; and
 - c) pursuing at least secondary level education in Singapore.
- 5. The Scholarship shall be tenable for the prescribed period. Applications for the Scholarship shall be submitted **yearly** and in the forms attached.
- 6. The Scholarship may be awarded to any candidate at the discretion of the Trustees provided that no award shall be made in any year in which the Trustees consider there is no candidate of sufficient merit.
- 7. The Trustees may revoke or suspend the Scholarship for such period as they think fit if the conduct or academic progress or performance of the holder of the Scholarship is considered unsatisfactory.
- The closing date for applications for the above Scholarship Awards shall be 30 September 2020.

INSTRUCTIONS

- 1. Type or write clearly. Check the applicable boxes. Enter **NA** where not applicable.
- 2. Attach required supporting documents (please refer to CHECKLIST).
- 3. Kindly mark against the CHECKLIST below to ensure that you have done all that is required.
- 4. Submit the completed form, supporting documents to the Trustees at the office of the

Chairperson, Ms Foo Siew Fong at:-

SAWL SCHOLARSHIP FUND c/o Ms Foo Siew Fong 4 Shenton Way #08-05 SGX Centre 2 Singapore 068807 Tel: 6361 9851

SAWL SCHOLARSHIP FUND (for students with special needs)

<u>CHECKLIST</u> – Did you attach the following to your application?

1	Copy of the applicant's BC / NRIC (whichever is applicable).	Yes
2	Copies of the applicant's: -	Yes
	 a) previous one-year academic results; AND 	
	b) current mid-year academic results.	
3	2 recent testimonials of good character of the Applicant.	Yes
4	Medical report OR letter from school / institution /	Yes
	association evidencing the applicant's physical or	
	intellectual disability.	
5	Documents evidencing the applicant's parents' income,	Yes
	namely: -	
	a) IR8A for 2020; <i>OR</i>	
	b) IRAS Notice of Assessment; OR	
	 c) letter from the employer confirming the salary. 	
6	Letter from the school / institution indicating the course that	Yes
	the applicant is taking for Awards B , C and D .	
7	Where payments have been made by the applicant to the	Yes
	educational establishment, originals, or copies of such	NA
	receipts.	

INCOMPLETE APPLICATION FORM & SUPPORTING DOCUMENTS WILL BE REJECTED

APPLICATION FORM

SAWL SCHOLARSHIP FUND (for students with special needs)

TYPE OF AWARD applied for:-	
 A. Secondary/Pre-University B. Institute of Technical Education C. Junior College/Polytechnic D. Tertiary Education 	()
PART 1: Applicant's Particulars	
NAME (As stated in NRIC. Underline sur	name)
NRIC No	
RESIDENTIAL ADDRESS:	
	Mobile:
DATE OF BIRTH:	*CITIZENSHIP: Singaporean / Singapore PR
EMAIL ADDRESS (for tertiary students on	ly):
PART 2: Applicant's Parents' Particula	ars
NAME OF FATHER:	OCCUPATION:
	OCCUPATION
	OCCUPATION:
	*per month / per year
	*per month / per year
COMBINED INCOME:	*per month / per year <u>ars</u> (<i>if applicable</i>)
COMBINED INCOME: PART 3: Applicant's Siblings' Particul NAME OF BROTHER / SISTER:	*per month / per year <u>ars</u> (<i>if applicable</i>)

PART 4: Applicant's Bursaries

1. Are you a previous recipient of this scholarship? Yes No			
2. Are you receiving other forms of bursaries or scholarships? Yes No			
3. If YES, please provide details of name of institution and amount granted			
Name of institution: Amount: S\$			
PART 5: Applicant's Medical Information			
 Please indicate your disability (eg. Visually or physically handicapped / hearing impaired, etc.) 			
2. Are you a member of any association for the disabled? Yes No			
3. If YES, please provide contact details of association: -			
Name of association:			
Address:			
Tel / Fax Nos:			

Officer in charge: _____

PART 6: Applicant's Educational Establishments/Attainments

Name of school	Exams passed	Years attended	Year graduated

PART 7: Applicant's Other Information (if applicable) Please attach additional sheet if necessary.

PART 8: Other Information from Applicant's Principal/Lecturer/Teacher/Tutor

(if applicable) Please attach additional sheet if necessary.

I hereby affirm that the information on this application and the attached supporting documents are true and correct.

Date Signature of Applicant / Guardian*

Name of Applicant /Guardian*

I, the undersigned, support the above applicant's application and confirm that the application is complete and all supporting documents are attached and that all the information contained in the application and documents are true and correct.

Date	Signature of Principal / Lecturer /	
	Teacher / Tutor*	

Name of Principal / Lecturer / Teacher / Tutor*

Name of School / Institution / University _____

Address of School / Institution / University _____

Telephone No. of School / Institution / University _____

FOR OFFICIAL USE ONLY			AC	FSF
Date Received			KJJ	LHM
Outcome	Approved / KIV / Not Approved		OLW	TSY
School	Results	Financial Status	Testimony	Disability