



MUSLIMIN TRUST FUND ASSOCIATION
 CHARITABLE ISLAMIC INSTITUTION
 Founded On 31 August 1904
 Registered Office: 5 Mattar Rd, Singapore 387713
 Tel: 6746 5729 Fax: 6741 1609

2019 MTFB BURSARY AWARD APPLICATION FORM

FOR OFFICIAL USE ONLY	
Date Received	
PCI	
Remarks	

SECTION A: APPLICANT'S PARTICULARS

Please (✓) current institution. <input type="checkbox"/> ITE <input type="checkbox"/> JC/CI <input type="checkbox"/> POLYTECHNIC <input type="checkbox"/> UNIVERSITY		Have you received MTFB Bursary Award previously? If yes, please indicate the year received. <input type="checkbox"/> Yes _____ <input type="checkbox"/> No	
Full Name (as in NRIC/Passport):			NRIC No.:
Date of Birth (dd/mm/yy):	Age (in 2019):	Nationality:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Home Tel No.:	
Postal Code:		HP No.:	
E-mail Address:			
Accommodation Type:	<input type="checkbox"/> 1 room <input type="checkbox"/> 2 room <input type="checkbox"/> 3 room <input type="checkbox"/> 4 room <input type="checkbox"/> 5 room <input type="checkbox"/> Others (please specify): _____	<input type="checkbox"/> Rental <input type="checkbox"/> Purchased <input type="checkbox"/> Others: _____	

SECTION B: CURRENT EDUCATIONAL INFORMATION

Name of School	Course Name	Period of Study	Level of Study	Latest GPA
<i>e.g. Nanyang Technological University</i>	<i>BSc Engineering</i>	<i>2017 - 2020</i>	<i>(1st/2nd/3rd Year)</i>	<i>3.4/4.0</i>

SECTION C : EDUCATIONAL BACKGROUND

List the Institutions Previously Attended
(Secondary School / Junior College / ITE / Polytechnic / Other Institutions)

Name of School	Period of Study	Certificate Attained	Grade/CGPA*
<i>e.g. Telok Blangah Secondary School</i>	<i>2010 -2013</i>	<i>GCE O Level</i>	<i>L1R5 14</i>

**(Please attach your Examination Results/transcripts/ letter of admission for year 1 students)*

SECTION D: APPLICANT CURRENT EMPLOYMENT DETAILS (IF ANY)

Please Circle: Part-time/Freelance	Occupation & Employer Name: _____	Gross Monthly Salary* \$ _____
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SECTION E: FAMILY PARTICULARS (SAME RESIDENTIAL ADDRESS)

Name	NRIC	Age	Relationship	Marital Status	Contact No	Occupation	Gross Monthly Salary*
1							
2							
3							
4							
5							
Total Household Income (A) <i>(Including Applicant's income)</i>							\$
Total no. of Family Members including Applicant (B)							
Per Capita Income (A÷B) <i>(PCI should not exceed \$400)</i>							

* Monthly Salary (before CPF deduction) = Basic Salary + Regular Allowances.

SECTION F: OTHER SOURCES OF FINANCIAL AID/INCOME

Name	From (Month)	To (Month)	Total Amount
1. CDC/SSO			\$
2. MUIS			\$
3. Other Organisations			\$
4. Other Sources (rental, maintenance, retirement etc)			\$
Total:			\$

SECTION G: ADDITIONAL INFORMATION

Please indicate any Scholarships, Bursaries, Loans or other forms of monetary assistance from MTFA or other organisations that you have received from 2017 or are receiving this year.

Name of Financial Scheme: <i>E.g Scholarship/Bursary/Grant</i>	Name of Sponsor <i>MTFA Bursary/MOE bursary</i>	Period of Grant <i>June 2018 – Dec 2018</i>	Amount Received	Status <i>Pending/Approved</i>
			\$	
			\$	
			\$	

1) Please state Name and NRIC of siblings who are applying for MTFA Bursary this year:

2) Please state Name and NRIC of family member (including applicant) if they have previously received MTFA Financial Assistance or Bursary:

SECTION H: DECLARATION

1. I declare that the information provided in this application and the documents submitted are true to the best of my knowledge and belief, and that I have not willfully suppressed or falsified any information.

2. I consent to my personal data (and family members' personal information) being collected, used and disclosed by MTFA for the purposes of evaluating my application and verifying my background information for MTFA Bursary Award.

Name and Signature of Applicant

Date

(Please turn over for checklist of supporting documents that needs to be submitted)

ANNEX A – SUBMISSION CHECKLIST

Kindly submit a **photocopy** of following documents where applicable (arranged accordingly). Application without relevant supporting documents attached will be considered **incomplete and not processed**.

S/N	Documents	Please ✓
1	<u>Identification Documents</u> <ul style="list-style-type: none"> • NRIC/ Birth Certificate of applicant & ALL household members (both sides) • NS Green ID (11B) (both sides) (if any) • Death, separation or divorced certificate (if any) • Applicant's latest bank statements, indicating current bank balance 	<input type="checkbox"/>
2	<u>Educational Certificates (where applicable as indicated in Sections B & C)</u> <ul style="list-style-type: none"> • GCE 'N' / 'O' / 'A' Level Certificate • National ITE Certificate/ Higher National ITE Certificate • Diploma Certificate <p>For all applications:</p> <ul style="list-style-type: none"> • Recent examination result in current institution <u>OR</u> Admission letter (for 1st year students who have secured a place in the institution) 	<input type="checkbox"/>
3	<u>Income Documents</u> For Family Members who are employed: <ul style="list-style-type: none"> • Latest payslip (within last 3 months) / Employer's letter (dated in recent 3 months) stating monthly gross salary • CPF Transaction History for last 12 months For Family Members who are self-employed / unemployed / retired / housewife or employed but unable to produce income document: <ul style="list-style-type: none"> • CPF Transaction History for last 12 months • Income Declaration Form (attached at Page 8) – one per family member • Latest Income Tax Notice of Assessment (for self-employed only) Full-Time Student or Serving NS: <ul style="list-style-type: none"> • Student Matriculation Card or Ezlink card with school logo • Admission letter from institution • NS Enlistment Letter 	<input type="checkbox"/>
4	<u>Other Documents (if applicable)</u> <ul style="list-style-type: none"> • For family receiving public assistance: letter from local authority on financial scheme received (MUIS, SSO etc) within the last 12 months • Doctor's memo / medical report (dated in last 6 months) of applicant or any family member who has a chronic or serious medical condition. 	<input type="checkbox"/>