

10TH INSPIRE MERIT BURSARY AWARD 2025

(Partners with SEATTH)

IMPORTANT NOTE:

- 1. Please read the criteria before completing the application form. Incomplete forms or missing required documents will void this application.
- 2. Please take note of the closing date for submission (Deadline: 31 March 2025). Inspire Community Services (ICS) reserves the right to reject any application received after the closing date.
- 3. Students who have received other forms of assistances/ awards/ bursary such as the MOE FAS, Straits Times Pocket Money Fund or grants from other organisations will be given a lower priority during the selection process.
- 4. All successful applicants will be required to attend a compulsory Award Presentation Ceremony in July 2025.

(All information provided will be kept strictly confidential.)

SCHOOL MERIT BURSARY AWARD (Revised Quanta)

The Monetary Award will be given to the following categories:

Primary	: \$200
Secondary	: \$300

Criteria:

- 1. Open to Singapore Citizens and Singapore Permanent Resident.
- 2. Household gross income less than \$2,500 or \$500 per capita.
- 3. Priority will be given to applicants not receiving any other bursary from other organisations.
- 4. Applicants must achieve an overall pass in their school examinations and good conduct grade.
- 5. Application must be submitted with required documents by **31 March 2025.**
- 6. Award will be disbursed by end July 2025. Disbursement will be made through cheque to the student's name.

Office & Mailing Address: Inspire Community Services, 1A Kim Keat Rd Singapore 328803 Phone: 8012 6268 Email: info@inspire.org.sg Website: http://www.inspire.org.sg/

INSPIRE Community Services



10TH INSPIRE MERIT BURSARY AWARD 2025

(I) STUDENT PARTICULARS			
Full Name (Underline Surname):		NRIC/ Birth Cert No .:	Gender:
			Male / Female*
Date of Birth:	Race:	Nationality:	Contact No.:
Address:			
Name of School (as of 202	4):		Class (As of 2024):
Name of Parent/Guardian t	to Contact:	Parent's Mobile No.:	Home Tel. No.
Student's/ Parent's Email A	Address		Student's Mobile No.:
House Type: 1 rm / 2 rm / 3 rm / 4 rm	/ 5 rm / Others*:		Rental / Purchase*

	ARS OF FAMILY MEMBERS	S RESIDING IN		1
Name	Relationship to the Student	NRIC / Age	Occupation or Name of School Attending	Gross Monthly Income per month
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$
		Total Family M	onthly Gross Income:	\$

*Gross monthly income refers to the monthly salaries before deduction of employee CPF contributions and personal income tax.

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(III) OTHER GRANT, E	BURSARY AND	D/OR AWARD RECEIVED FOR 20	024
Is the student receiving		tance from any other organisation	
Times Pocket Money.)	□ Yes	🗆 No	
If yes, please give details			
Name of Organisation		Type of Assistance	Amount
(IV) TO BE COMPLET	ED BY SCHOO	DL	
Name of Principal/ Vice	Principal:		
		milar award / bursary/ grant from y	
If yes, please specify a	ward/ bursary/	grant and amount:	
Recommendation for A	upproval of Burg	sary: Not Recommended / Recon	nmended*
	ppioval of Buis	sary. Not Recommended / Recom	imendeu
Comments about stude	ənt:		
Name of School/ Tel No.		Principal/ Vice- Principal gnature and School Stamp	Date
Terno.	5		
(V) DECLARATION			
I, (Name of Applicant)			, declare that the information
provided in this application	on and the suppo	orting documents are true and that I h	nave not willfully suppressed any
false. I have attached the		e of financial assistance received if any ents in the application:	or the information is found to be
Copy of Student	Applicant's NPI	C or Birth Certificate	
Copy of 2024 Re	sults Slips from R	eport Book	
		ubmit PSLE results with their Year End tudents must submit their GCE Result	
Slips			
Copy of Student Copy of both part		bank's savings/ joint account	
Copy of Marriag	e Certificate of pa	arents (if married) OR Divorce Certifica	ate of parents (if divorced) OR
		parents are deceased) vslips of employed members in the hout	usehold. If family member is self-
employed, Inco	me Tax Assessi	ment Returns are required. For une are to be attached.	
Statement and V			



Signature of Applicant:		Date:	
Parent/Guardian to sign for applicant b	elow 18 years old:		
Name of Parent/ Guardian:			
Signature of Parent/ Guardian:			
Relationship:	Date:		

Please mail the application with the above documents to:

Attention: Ms Amelia Kok Academic Financial Assistance Scheme 2025 Inspire Community Services 1A Kim Keat Road Singapore 328803

For more information, please call 8012 6268 during office hours (Tuesday, Wednesday and Friday). You will be notified of the application outcome through mail **in the month of May 2025**.



PERSONAL DATA PROCTECTION ACT

1. In line with the Personal Data Protection Act 2012, by submitting this form, I hereby give my consent to Inspire Community Services (ICS) to collect, use and disclose my personal data for the purposes of facilitating and contacting me by the administrator and regarding my request(s) via calls, text messages, post and emails.

\Box Agree

2. I consent to the use of my photograph, voice, likeness, and image in any broadcasts of Inspire Community Services and in subsequent productions drawn from video or audio recordings of Inspire Community Services events. The photographs and recordings may be published or broadcasted in the official Inspire Community Services publications and in publicity materials, including ICS websites and social media. All recordings, articles, quotes, photographs, films, audio or video and/or any reproductions of same in any form, are the property of ICS. ICS, its affiliates, employees, representatives and agents are released from any and all claims, demands, costs and liability that may arise from the use of these interviews, recordings, photographs, videotapes or films, and/or any reproductions of same in any form, as described above, arising out of being interviewed, recorded, photographed, videotaped or filmed.

□ Agree

□ Disagree

3. I am aware that I may update the personal data and/or withdraw the consent provided by me at any time by contacting adeleneong@inspire.org.sg. ICS PDPA Policy and how my personal data will be used is also available via email request at adeleneong@inspire.org.sg.

□ Agree

4. I am interested and allow ICS to contact me and update me of their future events, program, projects, workshops and seminar.

□ Agree

□ Disagree

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