



SCSS BURSARY APPLICATION FORM

The application form must be completed by the applicant and returned to :

Society of Cosmetic Scientists, Singapore

Blk 21 Kallang Avenue #05-177

Singapore 339412

- APPLICATION FORM** Complete **ONE** copy of the application form.
- SUPPORTING DOCUMENTS & PHOTOGRAPHS**
- 1 One set of all supporting documents (photocopied)
 - 2 One recent passport size photograph attached to the application form
 - 3 Supporting documents that are not in English must be accompanied by an English translation of the document.
 - 4 You are encouraged to submit a single PDF version of this application and accompanying documents in a single PDF file or in a zipped file and email to Angelina.Fam@lubrizol.com
 - 5 A confirmation email will be sent to you. If you do not receive an acknowledgement within 3 working days, please contact the Society.
- COMPLETION OF APPLICATION FORM** All sections of the form must be filled. If any section of the application form is not applicable, please indicate 'NOT APPLICABLE'.
- REJECTION OF APPLICATION** SCSS reserves the right to reject any application which is incomplete or inaccurate. No queries on the rejection will be entertained.
- INACCURATE OR FALSE INFORMATION** You are requested to submit all required information as stated in the form. False/inaccurate information submitted, or omission of required information will render this application invalid.



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1. PERSONAL PARTICULARS	
Name:	
Home Address:	
Home Tel:	
Term Address:	
Term Tel:	
NRIC/Fin/Passport No.: <i>(with official ref.) (cancel where appropriate)</i>	Matriculation No:
Nationality/Citizenship:	Race:
Date and Place of Birth:	Gender:
E-mail:	Mobile No:
2. ACADEMIC PARTICULARS <i>(Please use separate sheets, if necessary)</i>	
Faculty:	Course and Year of Study <i>(eg. B.A. I)</i>
Major subjects taken:	





CAP (Please indicate CAP and other awards obtained eg. Dean's List & attach academic transcript)	

3. CO-CURRICULUM ACTIVITIES
(Please use separate sheets, if necessary)

3.1 Committees on which you have served (or are currently serving), as an office-bearer:

University/School/Hall Level	
<u>Period served</u>	<u>Office held</u>

3.2 Sports & Activities that you have participated (or are currently participating)

<u>Year</u> (eg. Nov 2001)	<u>Sport/Activities</u> (eg. Soccer/Cultural/Talk)	<u>Level</u> (eg. University/Hall)

3.3 Other activities at leadership level:

3.4 Letters of Support/Referees: (Please attach)

4. FINANCIAL POSITION
(Information provided must include all immediate family members i.e. parents, brothers & sisters. If you are married, include your spouse and children).

4.1 Total family monthly income earned by the following working family members:
(if family income is zero, you must justify, on a separate sheet, how your family lives without income.)

Name of Parent/Guardian	Age	Occupation & Name of Employer/ Business (if self-employed)	Gross income/ Pension per month S(\$)
Total:			



4.2 Liabilities (outstanding housing mortgage, debts, university/education fees, medical bill etc.)
4.3 Assets and alternative sources of income not captured by IRAS statements/ pay slips (bank interest, dividends on equities etc.)
5. DECLARATION
I declare that the information stated in this application and the attachments are true to the best of my knowledge and belief, and that I have not willfully suppressed any material fact.
Date:
Signature of Applicant:

The information given will be kept confidential.



For Official Use

Bursary Awarded:

Remarks:

Supported / Endorsed By:

Signature

Name/Date

Signature

Name/Date

Signature

Name/Date

Signature

Name/Date