

**ELIGIBILITY CRITERIA**

- Applicant must be a Singapore Citizen/ Singapore Permanent Resident.
- Gross monthly household income must not be more than \$4,000; or monthly per capita income must not be more than \$1,000 per household member.
- Applicant must be a full-time student in one of the following tertiary institutions:

ITE	DIPLOMA	DEGREE
College Central College East College West	Local Polytechnics Lasalle College of the Arts Nanyang Academy of Fine Arts	Public Universities Private Institutions (listed in CPE website)

- Applicant is suddenly faced with a recent crisis situation (not more than 6 months) in the family which could potentially derail education i.e. *Sudden loss of income in family, serious illnesses or other disasters*
- Applicant must have good conduct, academic and/or co-curricular record in school.

All sections of the form must be completed and applications must be accompanied with the relevant supporting documents. Tick (v) in the checklist the documents that have been attached to this application.

**Important: Incomplete application form or application with missing supporting documents will not be processed.**

**CHECKLIST OF SUPPORTING DOCUMENTS**

- Photocopy of applicant’s NRIC (both sides)
- Copy of Student Pass/Matriculation Card belonging to the applicant **OR** official letter of acceptance into the course of study from the institution.
- Latest 3 months pay slips or latest income tax statement of all working adults in the household. Self-employed individuals must submit latest income tax statement.
- Latest CPF Contribution History of all non-working adults in the household **OR** letter of declaration.
- Latest academic results
- Proof of receipt of other bursary and scholarships as declared in application.
- Relevant supporting documents to verify crisis as declared in application.
- Recommendation from school personnel, social worker or family caseworker to support application.

For further enquiries, please contact AMP at 6416 3966 or email [corporate@amp.org.sg](mailto:corporate@amp.org.sg).

Please return your completed form to:

**Learning Access Foundation Hardship & Perseverance Award  
c/o Association of Muslim Professionals  
1 Pasir Ris Drive 4  
#05-11 Singapore 519457**

**LEARNING ACCESS FOUNDATION HARDSHIP & PERSEVERANCE AWARD**

**APPLICANT'S PARTICULARS**

Name: \_\_\_\_\_ Gender:  Female  Male

NRIC No. \_\_\_\_\_ Marital Status:  Single  Married  Separated  Divorced

Date of birth (dd/mm/yy): \_\_\_\_\_ Type of Housing:  1-2Rm  3Rm  4Rm  5rm  
 Others: \_\_\_\_\_

Citizenship:  Singapore Citizen  Permanent Resident

Race:  Malay  Chinese  Indian  Others: \_\_\_\_\_ Type of Residence:  Rented  Owned

Contact No: (Home) \_\_\_\_\_ Email: \_\_\_\_\_  
 (HP) \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ S (\_\_\_\_\_)

**Household Members Information** (excluding applicant)

Name	BC or NRIC	Relation to Applicant	Occupation	Gross Monthly Income

**Education Details**

\*circle where applicable

Name of Institution	
Course Name	
Level (For ITE Only)	Nitec / Higher Nitec *
Date of Admission	
Graduation Year	
Internship information (if applicable)	

<b>Crisis Category</b> *please tick accordingly	<b>Onset of crisis</b>	<b>Required Supporting Documents</b>	
<input type="checkbox"/> Death of breadwinner of family		Death Certificate	Please note that applicant may be requested to submit other supporting documents if necessary, for verification and audit purposes.
<input type="checkbox"/> Chronic Medical Condition Please specify: _____		Medical Report from doctor	
<input type="checkbox"/> Total or Permanent Incapacity Please specify: _____		Medical Report from doctor	
<input type="checkbox"/> Disasters – Related Please specify: _____		Official relevant supporting document(s)	

**Briefly describe why you are applying for the Learning Access Foundation- Hardship & Perseverance Award and how the award will be used?**

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**Other Bursary, Scholarship or Financial Assistance Received By Applicant**

Are you receiving bursary, scholarship or financial assistance from any other organisation/person?

- Yes, please provide details below       No

<b>Name of Award/Description</b>	<b>Year of Award</b>	<b>Amount Received (\$)</b>	<b>Awarded by</b>

Are you or is any of your family member(s) a current/past beneficiary of AMP?

- Yes, please provide details below       No

<b>Name</b>	<b>Programme</b>	<b>Year</b>

**Character Referee (Must be current school personnel, social worker or family caseworker)**

Name of Referee : _____	Occupation : _____
Email address : _____	Contact No : _____
Relationship to Nominee : _____	Years Known : _____

Kindly share your comments why would you recommend the student to receive the award.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature : \_\_\_\_\_

**Future Events**

Would you like to be contacted for future events organised by AMP?

- Yes  No

**Declaration by Applicant**

I hereby declare and acknowledge the following:

1. The information given herein and hereto is true and correct to the best of my knowledge.
2. Misrepresentation or any omission of facts will be sufficient cause for this application to be rejected.
3. Full or partial refund of award quantum is required should there be a **voluntary withdrawal/expulsion** from the course of study.
4. I understand that the collection, use and disclosure of personal data from this form is limited to the use of this programme. I also understand that case studies may be used to highlight the benefits of the award and used as reference in AMP's publications. Interviews can take in the form of media coverage or other appropriate form.
5. I authorised AMP to obtain and verify any part of the information given by me from or with any source, as it deems appropriate.
6. I understand that pictures taken during events or interviews may also be reproduced in AMP's publication or articles relating to AMP.
7. I am aware that successful applicants of this bursary is required to attend a compulsory personal development workshop.
8. I agree to abide by the decision of the approving committee and understand that all decisions made are final.

\_\_\_\_\_  
(Signature)

Name:  
NRIC:  
Date:

**FOR OFFICIAL USE – To be completed by AMP Officer**

No. of household members	
Total gross household income	\$
Per capita income	\$

Application status:      Approved              Rejected

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Name & Signature of Processing Officer

\_\_\_\_\_  
Date

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**FOR AMP MANAGEMENT TEAM'S APPROVAL**

Application status:      Approved              Rejected

Remarks: \_\_\_\_\_

\_\_\_\_\_  
Name & Signature of Approving Manager

\_\_\_\_\_  
Date