

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 2nd / Final year** (Nitec/H.Nitec) student in one of the following ITE colleges:
 - College Central
 - College East
 - College West
- Applicants are encouraged to apply for the Higher Education Bursary or Higher Education Community Bursary (if applicable).
- Applicants in receipt of other Bursary or Scholarship must ensure that they have complied with the terms and conditions of the award offered*
- **Successful applicants will have to attend a compulsory personal development module organised by AMP.**
- **NOT APPLICABLE for students who are not completing at least 1 year of study (until Dec 2022) this year.**

All sections of the form must be completed, and applications must be accompanied with the relevant supporting documents. Tick (✓) 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.
- Proof of receipt of other bursary and scholarships as declared in application.
- Other latest supporting documents that may justify the need for another bursary. *

For further enquiries, please contact AMP at 6416 3966 or email corporate@amp.org.sg

Please email your completed form to: noraqilah@amp.org.sg

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

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

Briefly describe why you are applying for the Learning Access Foundation ITE Award and how the award will be used?

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

- Yes, please provide details below No

Name	Programme	Year

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 2 compulsory personal development modules.
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

FOR AMP MANAGEMENT TEAM’S APPROVAL

Application status: Approved Rejected

Remarks: _____

Name & Signature of Approving Manager

Date