

1. MEMBER'S PARTICULARS

MEMBER'S NAME (Please underline surname)		NRIC NO.
HOME ADDRESS		TEL NO. Home: Office: Handphone: Email:
DEPT INDICATOR	SALARY GROUP	GROSS MONTHLY INCOME
OCCUPATION	DATE JOINED UNION	MARITAL STATUS

2. SPOUSE PARTICULARS

NAME (Please underline surname)		NRIC NO.
OCCUPATION	NAME OF COMPANY	GROSS MONTHLY INCOME

3. FAMILY PARTICULARS (In the same household)

NAME	RELATIONSHIP	SEX	AGE	OCCUPATION	INCOME

4. PARTICULARS OF CHILD APPLYING FOR THE GRANT

NAME (Please underline surname)	NRIC No/B.C. No.
EDUCATION LEVEL IN 2019	DATE OF BIRTH

NAME OF SCHOOLS/INSTITUTION ATTENDED

NAME OF SCHOOLS/ INSTITUTIONS	DATE JOINED	DATE LEFT	HIGHEST STD PASSED	YEAR ATTENDED

Please attach documentary proof of results and ECA

5. OTHERS

Is the applicant a holder of any scholarship/bursary?	** Yes/No
Has the applicant applied for any other scholarship/bursary?	** Yes/No
Has the applicant previously received any scholarship/bursary? If YES, please fill in the details below :	** Yes/No
<u>Name of Scholarship/Bursary</u>	<u>Amount</u>
	<u>Year</u>

Is any other member of the applicant's family applying for This scholarship? If YES, please fill in details below :	** Yes/No
<u>Name</u>	<u>Level Applied For</u>

Is any member of the applicant's family a holder of any scholarship/bursary? If YES, please fill in details below :	** Yes/No

6. DECLARATION

<p>1. I, the undersigned, declare that the particulars stated in this application form are true and correct, and that I have not willfully withheld any material fact.</p> <p>2. I note that I may be required to furnish other supporting documents for verification and audit purposes.</p> <p>3. I consent to my personal data being collected, used and retained by (UNION) for the purposes of:</p>
--

- a. processing, administering and managing my application for the SSEU Study Grant Awards; and
- b. carrying out verification and updates of my membership status and/or information I have provided in this application form.
4. I consent to be contacted by SSEU via email, text messages, fax and/or post for matters relating to my application for the SSEU Study Grant Awards.
5. For the purposes of employment-related matters, I consent to SSEU obtaining my personal data and relevant data relating to my employment from my company.
6. I further declare that the personal data pertaining to my spouse and dependent(s) are true and correct and that these persons are aware and consent to SSEU managing their information for authorised purposes.

NAME OF MEMBER

SIGNATURE

** Delete as necessary

SINGAPORE SHELL EMPLOYEES' UNION
APPLICATION FOR SSEU STUDY GRANT 2020

RULES AND CONDITIONS

1. Applicants who are holders of any scholarship, fellowship, bursary and other similar award given by the Government or any bodies shall not be eligible for any awards.
2. Members must have completed at least one year or more of continuous membership with the union.
3. Children of members who have resigned or disqualified by arrears or suspended shall not be considered.
4. The Grant Committee or the Executive Council reserves the right to approve or reject any application without having to assign any reasons for its decision.
5. No award shall be claimed as a matter of right or entitlement.
6. All applications are to be accompanied with certified documentary proof of the relevant educational qualifications and CCA. Applicants applying for JC and University Grants must produce proof of their present study status.
Applications with incomplete forms are rejected and deemed disqualified.

All applications are to be submitted to :

STUDY GRANT 2020
SINGAPORE SHELL EMPLOYEES' UNION
LEVEL 6, THE METROPOLIS TOWER 1
9 NORTH BUONA VISTA DRIVE
SINGAPORE 138588

7. Closing date for all applications is **15 July 2020**. Incompleted and late applications will be rejected.
8. The decision of the Grant Committee is final.