

HCIS SCHOLARSHIP APPLICATION FORM

Documents to be submitted along with this HCIS Scholarship Application Form

- Foreigner -Copy of Passport, Birth Certificate* & Dependant/LTSV (if applicable)
- Copy of all academic years' results
- Copy of all CCA records and academic & non-academic achievements

****If documents is non-English, please provide the official English Translation***

Please attach a recent
photograph of
applicant.

APPLICANT'S PARTICULARS

Full Name (as printed in PASSPORT) Please underline surname.

Name in Chinese Character (if applicable)

Date of Birth

Nationality

Gender:

- Male
 Female

Race

Email Address

Mobile No

Country of Birth

PASSPORT No.

Date of Issue

Residential Address

Has the applicant previously applied for any other scholarships? Yes No

If yes, please indicate the type of scholarship, date of application and outcome:

EDUCATIONAL BACKGROUND

Previous Schools Attended	Start Date	End Date	Previous Schools Attended	Start Date	End Date

Current School

Subject	Prelim Grade	Subject	Prelim Grade

Has the applicant ever been suspended or expelled from school? Yes No

If yes, please state reason:

CO- CURRICULAR ACTIVITIES AND OTHER ACHIEVEMENTS

Please provide details of CCA / awards/ certificates/ Social & Community Work from Secondary School starting with the most recent and/or significant.

Sports/ Games/ Uniformed Groups/ Society/ Club/ Awards/ Certificates/ Social & Community Work	Level of Participation	From (Year)	To (Year)

PARENT AND GUARDIAN PARTICULARS

FATHER

Full Name (as printed in PASSPORT)	Date of Birth	Country of Birth	Nationality
Email address	Mobile No.	Home/Office No.	
Residential Status in Singapore			
<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (DP/ LTVP) NRIC/Fin No. <input type="checkbox"/> None of the above			
Occupation	Highest Educational Qualification		

Residential Address

MOTHER

Full Name (as printed in PASSPORT)	Date of Birth	Country of Birth	Nationality
Email address	Mobile No.	Home/Office No.	
Residential Status in Singapore			
<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR <input type="checkbox"/> Others (DP/ LTVP) NRIC/Fin No. <input type="checkbox"/> None of the above			
Occupation		Highest Educational Qualification	
Residential Address			

APPLICANT'S SIBLINGS

Name	Gender	Nationality	Date of Birth	Present Whereabouts

EMERGENCY CONTACT INFORMATION

Name of Emergency Contact	Relationship	Mobile No.	Home/Office No.
Residential Address			

PREFERRED MAILING AND BILLING ADDRESS

Please indicate where you want school correspondence and invoices to be sent to.

<input type="checkbox"/> Parents <input type="checkbox"/> Guardian	<input type="checkbox"/> Others Please specify preferred mailing and billing address and contact number if different from that of applicant:
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REQUEST FOR HCIS CAR LABEL(S)(IF NECESSARY)

Student's Name	Car plate number 1	Car plate number 2
Date of Issue	<u>Official Use</u> Issued By	

CONFIDENTIALITY AND DECLARATION

The school is committed to maintain the confidentiality of the parents' and student's personal information and undertakes not to divulge this personal information to any unauthorized third party without the prior written consent of the parent and/or student.

How did you learn about the HCIS Scholarship?

<input type="checkbox"/> Advertisement	<input type="checkbox"/> Exhibition/Seminar	<input type="checkbox"/> Friends/ Relatives	<input type="checkbox"/> Website	<input type="checkbox"/> Brochures	<input type="checkbox"/> Referred by Agent Name of Agent: _____
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We declare all information furnished in this application is true and correct. We understand that failure to do so will nullify the applicant's enrolment at Hwa Chong International School.

_____	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	_____
Father's/Mother's/Guardian's Signature	Relationship to Applicant	Date

FOR OFFICIAL USE

Received By: _____	Admission Test Date: _____
Received Date: _____	Receipt No: _____