

# FINANCIAL AID

**SCHOOL OF THOUGHT**

261 Waterloo Street

#02-19

Singapore 180261

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## **THE SCHOOL OF THOUGHT FINANCIAL AID SCHEME (SOTFAS)**

was set up in 2002 to ensure that needy students are given an equal opportunity to study at SOT because we believe that no student should be denied an education at SOT because of financial constraints. It is a uniquely in-house funded scheme that provides for those who truly need it, and on the basis of an understanding of the social ideal of serial reciprocity, or paying it forward.

## PERSONAL PARTICULARS

<b>I am currently signed up for/intending to sign up for</b>	<input type="radio"/> JC Accelerated Programme	<input type="radio"/> JC 1	<input type="radio"/> JC 2	
<b>I found out about SOT's financial aid scheme through</b>	<input type="radio"/> an SOT student whose name is: _____	<input type="radio"/> from the staff at SOT	<input type="radio"/> from the SOT website/ Facebook/ Instagram/ an online article	<input type="radio"/> others: _____
<b>NAME</b> <i>Please underline your surname</i>	<b>HOME PHONE NUMBER</b>			
<b>HOME ADDRESS</b>	<b>MOBILE PHONE NUMBER</b>			
<b>POSTAL CODE</b>	<b>BIRTHDAY</b> <i>DD/MM/YYYY</i>	<b>EMAIL ADDRESS</b>		
<b>NATIONALITY</b>	<b>SCHOOL</b>	<b>LEVEL</b> <i>JC1/JC2/IP4</i>		

## MOST RECENT ACADEMIC INFORMATION

<b>SUBJECT</b> <i>Please indicate if it is a H1/H2/H3 paper</i>	<b>GRADE/MARK</b>

## FINANCIAL POSITION

### Documents required:

All information regarding salary or income of any form, claimed allowances and employment must be supported by Official Documentary Evidence.

The required documents are:

1. Latest Pay Slip AND CPF contributions for last 12 months AND Latest Year Income Tax Statement
2. Proof of siblings studying / Scholarship / Bursary Awards / Any related documents
3. Photocopy of NRIC / Birth Certificate of all family members staying in the same residence address Please kindly note that incomplete or unofficial documentary proof will NOT be accepted.

NAMES OF IMMEDIATE FAMILY MEMBERS CONTRIBUTING TO FAMILY INCOME BOTH STAYING AND NOT STAYING IN THE SAME HOUSEHOLD	RELATIONSHIP TO APPLICANT	AGE	MARITAL STATUS	OCCUPATION/BUSINESS	NAME OF EMPLOYER [STATE IF SELF-EMPLOYED]	GROSS MONTHLY INCOME FROM ALL SOURCES INCLUDING SALARY, RENT, PENSION, ETC	AMOUNT CONTRIBUTED TO FAMILY
	FATHER/ MOTHER						

### DECLARATION OF DEPENDENTS

NAMES OF DEPENDENTS	RELATIONSHIP TO APPLICANT	AGE	REASONS FOR UNEMPLOYMENT	IF STUDYING	
				SCHOOL/LEVEL/COURSE	SCHOLARSHIP/BURSARY IF ANY

## OTHER FINANCIAL INFORMATION

Type of housing	<input type="radio"/> 1-2 room flat <input type="radio"/> 3-4 room flat <input type="radio"/> 5 room flat/executive/condominium <input type="radio"/> bungalow/semi-detached/terrace house/HUDC
Housing ownership	<input type="radio"/> full ownership <input type="radio"/> paying/housing loan by monthly instalments <input type="radio"/> rented

## ESSAY

Write an essay or explanation of not more than 300 words describing the reasons or relevant background information that may be helpful for your financial aid application.

## OTHER FINANCIAL INFORMATION

I hereby declare that the information provided in this application is correct and complete. I understand that any provision of inaccurate or false information or omission of information will render this application invalid and that, if selected on the basis of such information, I can be required to withdraw from the financial aid programs with immediate effect. I have also read and agreed to all the terms and conditions of the SOTFAS.

I understand that under the SOTFAS, there will not be any refund for any missed lessons.

The SOTFAS will also be subject to biannual reviews. Applicant is required to inform SOT in case of any change in their family income or financial status or contact details immediately.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

\_\_\_\_\_  
**SIGNATURE OF PARENT/GUARDIAN**

\_\_\_\_\_  
**DATE**

## FOR OFFICIAL USE ONLY

Subsidy Level / % payable [approx.]	<b>AMOUNT Payable/ Month (excluding GST)</b>	<b>PCI/Total Family Income Limit</b>	<p><b>Class Day/Time:</b></p> <p><b>Date Application Received:</b> _____ [dd/mm/yyyy]</p> <p><b>Date Application Processed:</b> _____ [dd/mm/yyyy]</p> <p><b>Form processed by:</b></p> <p>_____ [Name of staff]</p> <p><b>Comments (if any)</b></p>  <p><b>Application approved by:</b></p> <p>_____</p> <p><b>Date:</b></p>
<b>Tier One 80% of monthly fees</b>	<input type="radio"/> GP \$240  <input type="radio"/> JC Accelerated \$240	Per Capita Income \$1300  Total income not exceeding \$6000	
<b>Tier Two 40% of monthly fees</b>	<input type="radio"/> GP \$120  <input type="radio"/> JC Accelerated \$120	Per Capita Income \$1000  Total income not exceeding \$4000	