

CHECKLIST OF REQUIRED DOCUMENTS FOR NEW APPLICATION / RENEWAL OF STUDENT CARE FEE ASSISTANCE (SCFA)

Please tick in the [] after you have attached the relevant documents to the application

Section A: Particulars of Family Members

- [] Parent/s' NRIC/s / Guardian's NRIC
- [] Great/Grandparents' NRIC/s (Only applicable if great/grandparent/s Singapore Citizens and are staying in the same household as reflected on the NRIC)
- [] Child/ren's Birth Certificate/s (including child's siblings in the same household). If child/ren is a Singapore Permanent Resident, please submit Entry / Re-entry Permit.

Section B: Employment Status

Income Documents must reflect Gross Monthly Salary and be within 3 months from the date of application unless specified otherwise.

Gross monthly salary includes regular overtime pay, allowances, commissions, incentives

Employment Status	Supporting Income Documents (Please provide one of the following for both parents where applicable)
[<input type="checkbox"/>] Under company employment	<ul style="list-style-type: none"> ▪ Latest 3 months of pay slips from date of application or ▪ CPF Contribution History Statement up to latest 3 months or ▪ Annex 5: Certification of Employment and Income by Employer that's dated within 3 months from date of child's application.
[<input type="checkbox"/>] Sole Proprietor/ Self-employed/ Freelance employment/ Odd-Job worker	<ul style="list-style-type: none"> ▪ Latest IRAS Tax Statement or ▪ Annex 6: Template for Statutory Declaration on Gross Monthly Income, Employment Details and Working Hours. <p>* The validity of the Statutory Declaration for employment income is one year from the date you</p>

	<i>have performed the Statutory Declaration.</i>
<input type="checkbox"/> Property / Insurance Agent	<ul style="list-style-type: none"> ▪ Monthly commission earnings statements for the 12 months preceding the date of application <i>(Monthly gross income is based on the average earnings per month over 12 months).</i>
<input type="checkbox"/> Undergoing training	<ul style="list-style-type: none"> ▪ A document which verifies that parent is attending, or has been accepted to attend, a training or educational programme. The document should also state the duration of the training or educational programme.
<input type="checkbox"/> Looking for a job	<ul style="list-style-type: none"> ▪ Annex 4: Proof of Job Search by Non-Working Parent
<input type="checkbox"/> Retrenched	<ul style="list-style-type: none"> ▪ Retrenchment letter and Annex 4: Proof of Job Search
<input type="checkbox"/> Incarcerated/In prison	<ul style="list-style-type: none"> ▪ Prison Letter (within last 12 months) or ▪ DRC Visitor's Card (within last 6 months)
<input type="checkbox"/> Unfit for work	Latest Medical Certificate stating the duration that parent/s is unfit for work

Section C: Marital Status

Marital Status	Supporting Documents (Please provide one of the following for both parents where applicable)
<input type="checkbox"/> Single	<ul style="list-style-type: none"> ▪ Screenshot of Registry of Marriage (ROM) search record or ▪ Annex 7: Template for Statutory Declaration on Marital Status
<input type="checkbox"/> Married	<p>(Only applicable for re-marriage)</p> <ul style="list-style-type: none"> ▪ Marriage Certificate for latest marriage <u>and</u> ▪ Divorce and Custody Papers with the clause stating who has “care and control” of the child from the previous marriage
<input type="checkbox"/> Divorced	<ul style="list-style-type: none"> ▪ Certificate of Divorce and Custody Papers with the clause stating who has “care and control” of the child or ▪ Letter from lawyer firm if in the process of divorce
<input type="checkbox"/> Widowed	<ul style="list-style-type: none"> ▪ Certification of Death of spouse
<input type="checkbox"/> Separated	<ul style="list-style-type: none"> ▪ Annex 7: Template for Statutory Declaration on Marital Status or ▪ Police Report

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Section D: Relationship to Child

Relationship to Child	Supporting Documents (Please provide one of the following for both parents where applicable)
<input type="checkbox"/> Biological Father/Biological Mother	<ul style="list-style-type: none"> ▪ NRIC ▪ Relevant income documents in Section B
<input type="checkbox"/> Adopted Father/Adopted Mother	<ul style="list-style-type: none"> ▪ NRIC ▪ Adoption paper/proof that he/she's taking care of the child ▪ Relevant income documents in Section B
<input type="checkbox"/> Legal Guardian	<ul style="list-style-type: none"> ▪ NRIC ▪ Guardianship paper ▪ Relevant income documents in Section B
<input type="checkbox"/> Non-legal Guardian	<ul style="list-style-type: none"> ▪ NRIC ▪ Documents explaining the need to be the non-legal guardian of child (e.g. parent(s)' death certificate, police report, prison letter, statutory declaration, or proof that non-legal guardian is also applicant of approved MOE-FAS application for child.
<input type="checkbox"/> Foster Parents	<ul style="list-style-type: none"> ▪ NRIC ▪ Letter of identity for Foster Parent

Section E: Others

- Police Report
- Latest Prison Letter/DRC Visitor's Card
- Statutory Declaration
- Deed Poll
- Any other supporting documents: _____

Section F: Applicant's Acknowledgement

I have gone through the checklist and attached the necessary supporting documents.

I understand that my application will be delayed or rejected if it is incomplete.

Name of Applicant

Signature of Applicant

Date

Please go through Annex 1: Checklist of required documents and submit the relevant documents for each application. Only application with complete documents will be processed. Thank you in advance for your kind cooperation.

APPLICATION FORM FOR NEW / RENEWAL OF STUDENT CARE FEE ASSISTANCE (SCFA)

*For new application, form must be submitted with complete documents upon admission to the centre.
 *For renewal application, form must be submitted with complete documents 3 months prior to expiry of subsidy.

SECTION I: PARTICULARS OF CHILD	
Name of Child (as in Birth Certificate) :	Birth Certificate No. :
Date of Birth:	Citizenship:
Highest Level of Education:	Name of School:
SECTION II: PARTICULARS OF APPLICANT	SECTION III: PARTICULARS OF SPOUSE
Name:	Name:
NRIC / FIN No:	NRIC / FIN No:
Relationship to Child:	Relationship to Child:
Citizenship:	Citizenship:
Address (as in NRIC / FIN):	
Correspondence Address (if different from NRIC):	
Contact No : (H) _____ (O) _____ (HP) _____	
Employment Status of Applicant: <input type="checkbox"/> Under company employment (working at least 56 hours per month) <input type="checkbox"/> Sole Proprietor/Self-employed/Freelance employment/odd-job worker <input type="checkbox"/> Property/Insurance agent <input type="checkbox"/> Undergoing training <input type="checkbox"/> Looking for a job <input type="checkbox"/> Incarcerated/in prison <input type="checkbox"/> Retrenched <input type="checkbox"/> Medically unfit for work <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Schooling (i.e. student) <input type="checkbox"/> Serving NS <input type="checkbox"/> Other, please specify: _____	Employment Status of Spouse: <input type="checkbox"/> Under company employment (working at least 56 hours per month) <input type="checkbox"/> Sole Proprietor/Self-employed/Freelance employment/odd-job worker <input type="checkbox"/> Property/Insurance agent <input type="checkbox"/> Undergoing training <input type="checkbox"/> Looking for a job <input type="checkbox"/> Incarcerated/in prison <input type="checkbox"/> Retrenched <input type="checkbox"/> Medically unfit for work <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Schooling (i.e. student) <input type="checkbox"/> Serving NS <input type="checkbox"/> Other, please specify: _____
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	

SECTION IV: PARTICULARS OF FAMILY MEMBERS (CHILDREN / PARENTS / GRANDPARENTS) LIVING WITH APPLICANT

(Note: Family members must not be working or have any income)

	Name of Family Members (with <u>no</u> income)	Date of Birth	Relationship to Child Benefiting from SCFA	Reason for no income (retired/ unemployed/ undergoing training/ looking for work/ serving NS/ schooling)
1				
2				
3				
4				
5				
6				
7				
8				

SECTION V: MONTHLY GROSS INCOME OF APPLICANT AND SPOUSE

(Note: Gross income refers to income before CPF deduction, inclusive of allowances)

(A) Monthly Gross Income of Applicant	\$
(B) Monthly Gross Income of Spouse	\$

SECTION VI : OTHER INCOME (if applicable)

Income from rent ¹	\$
Income from monthly commission earnings ²	\$
Amount of regular monthly maintenance received	\$
(C) Total Other Income	\$

SECTION VII: APPLICANT'S DECLARATION

I, the undersigned, declare that all the above is true and correct. I understand that providing any false information is an offence under the Penal Code (Chapter 224), and that if I provide any false information, I am liable to be prosecuted to the full extent of the law. I further understand that if I furnish any false information, the Government will recover from me all student care subsidies and/or start-up grant paid to me.

I understand that it will be my responsibility to stay employed in order to continue to receive the subsidies for my child. If I am unemployed and intend to seek employment, the onus is on me to actively seek employment. I am aware that the Start up Grant will only be given once to each of my children, and will not be paid out again in the future. I will ensure my child fulfils attendance of 50% at the student care centre in order to be eligible for subsidy for the month.

I acknowledge that for the purposes of facilitating my application for financial assistance from your organisation, any and all agencies that have any of my and/ or my household's record may share the relevant information with you, if it is relevant to your work with me and/or my household. I also acknowledge that the information which I and/ or the members of my household provide may be shared with any agency or person authorised by the Ministry of Social and Family Development (MSF) for the purposes of rendering me, or assessing my eligibility for financial or other assistance; for research in which my household members and I, as specific individuals, will not be identified; or for any other purposes prescribed or permitted under Singapore Law. I also hereby confirm that my household members are aware of and have agreed to these terms.

 Name of Applicant

 Signature of Applicant

 Date

¹ This is income from renting out a room (or rooms) of the family home or other properties.

² Monthly commission earnings are based on the actual amount received per month or on the average earnings per month over 12 months (if the commission earnings are irregular).