**

 Supported by

**JOINT APPLICATION FOR**

**CHONG PANG SCHOLARSHIP FOR SOCIAL IMPACT &**

**DYMON ASIA SCHOLARSHIP FOR SOCIAL IMPACT**

**TO BE COMPLETED BY APPLICANT**

* Carefully read and follow the instructions.
* Complete all items in CLEAR BLOCK CAPITAL LETTERS.
* Circle the appropriate word/s marked within the \* \*.
* Write ‘N/A’ if an item is not applicable.
* Dates should be written in the format ‘**day/month/year**’.
* Submit the application form together with the necessary supporting documents (photocopy, not original).

All completed application forms and supporting documents are to be directed to the following address, and must be received by **20th December, 2014**.

Chong Pang Community Centre

21 Yishun Ring Road, Singapore 768677

c/o Ms. Xie Peiling

6758-8258

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| **Section A - Personal Particulars** |
| ATTACH APASSPORT-SIZEPHOTOGRAPHHERE | **Title:**  | **\* Mr / Mrs / Miss / Ms \*** |
| **Name:**(Underline Surname) |  |
| **School:** |  |
| **Level (e.g. Year 2):** |  |
| **Email Address:** |  |
| **Contact Details -** | **Residential Phone:** |  |
|  | **Mobile:** |  |
| **Country of Birth:** |  | **Date of Birth:** |  |
| **Nationality:** |  | **Identity Card/Passport No:** |  |
| **Mailing Address:**  |  |

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| **SECTION B – ACADEMIC and CCA RECORD****(Please attach academic results of current and last year’s)** |
| **Most Recent Results:**  |
| **Subjects** | **Grade** |
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| **CCA: Activity and Involvement**(Please attach CCA report / or any other testimonial/ certificates of participation) |  |

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| **Awards & Scholarships:**(Please attach certificates of awards such as CCA Leadership Awards, and if you are a recipient of any scholarships) |  |

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| **SECTION C – FAMILY INCOME** |
| **Particulars of Family Members** |
| Relationship | Name | Age | Occupation | Monthly Salary/Income | Place of employment or school name and standard |
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| 2 |  |  |  |  |  |  |
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| **SECTION D –COMMUNITY INVOLVEMENT and PERSONAL QUALITIES**Please write a brief description of yourself for each category:***If insufficient space, please attach another sheet.***1. Serving the community e.g. community service involvement
2. Exemplary Conduct e.g. responsible, compassion, helpful, service to others
3. Leadership e.g. activity or project involvement which shows evidence of leadership qualities
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| **SECTION E – HEALTH DECLARATION**(Participants may be involved in physical activities during the community service projects) Height (cm):Weight (kg):Blood Group: |
|  | No | Yes | If yes, please specify |
| 1. Do you have a history of
2. Chest pains /high blood pressure / heart problems/heart murmur/ irregular heart beat/ other heart abnormality
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| 1. \* Asthma /bronchitis /tuberculosis /sinusitis or other lung conditions
2. \*If you are born with an asthmatic condition but have no record of recent episode /attack, please tick “Yes” to give caution and indicate you have a history of asthma and date of last asthma attack.
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| 1. Fits, epilepsy, fainting spells, migraine, severe head injury
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| 1. Eye problems / vision disability such as colour or night blindness
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| 1. Diabetes
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| 1. Allergies to medication / food / others
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| 1. Physical injury such as slipped disc, torn meniscus, neck injury
2. Physical disabilities such as hearing impaired, and disability of limbs

\*If Yes, please indicate whether you have recovered from the condition. |  |  |  |
| 2. Have you had / are you on1. any major medical treatment/s within the last 2 years
 |  |  |  |
| b. a Carrier of any infectious diseases? |  |  |  |
| 3. Is there a need for / do you require1. routine medication

\*Please indicate what medication you are on |  |  |  |
| b. special diets (e.g. vegetarian, Halal food) |  |  |  |
| **MEDICAL DECLARATION**1. I declare that all the medical information provided above is true and that I do not have any other forms of disability/disabilities or chronic medical ailment which may affect my performance in the programme.

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Name of Applicant Signature Date  \* b. I declare that all the medical information provided above is true to the best of my knowledge. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ Name of \*\*Parent / Guardian Signature Date*\*only required for those under 21 years of age* \*\**delete as appropriate* |
| **SECTION F – UNDERTAKING** |
| I wish to apply for the Dymon Asia Scholarship for Social Impact & Chong Pang Scholarship for Social Impact and confirm that I:1. have read and fully understood the instructions and conditions;
2. accept all the conditions and requirements of the programme;
3. made true and correct statements in my application;
4. am willing to contribute at least 30 hours per month for high-impact community development projects identified by the scholarship administrators for the duration of the scholarship;
5. have the following issues (medical and otherwise) as indicated in the declaration above;
6. will be required to attend a selection interview session;
7. may be unsuccessful in my application without any reason being given.

I accept that any false or inaccurate data or omissions of information in my application will render its invalidity. |
| Signature | Date | NRIC No. |

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| **SECTION G – RECOMMENDATION LETTER ONE**To: Selection Committee for Dymon Asia Scholarship for Social Impact and Chong Pang Scholarship for Social ImpactI support the selection of the above applicant for the programme.The applicant is recommended for the programme.  |
| Comments/Justification: |
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|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_Name of Referral Signature Date |

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| **SECTION H – RECOMMENDATION LETTER TWO**To: Selection Committee for Dymon Asia Scholarship for Social Impact and Chong Pang Scholarship for Social ImpactI support the selection of the above applicant for the programme.The applicant is recommended for the programme.  |
| Comments/Justification: |
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|  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_Name of Referral Signature Date |