

HCIS SCHOLARSHIP APPLICATION AND ASSESSMENT FORM

(For Singaporean/SPR Applicants and Existing HCIS Students) Year of entry applied for: _____

<p>Documents to be submitted along with this HCIS Scholarship Application Form</p> <ul style="list-style-type: none"> <input type="checkbox"/> Singapore Citizens - Copy of Birth Certificate, Passport and NRIC <input type="checkbox"/> Singapore Permanent Residents (PR) - Copy of Birth Certificate, NRIC (if applicable), Re-entry Permit and Passport <input type="checkbox"/> Copy of all years' academic results including recent secondary four school prelim results (if applicable) <input type="checkbox"/> Copy of all Co-Curricular Activity (CCA) records and Academic & Non-academic achievements <input type="checkbox"/> Copy of PSLE results / GCE O LEVEL results / IGCSE results (applicable for level of entry) <input type="checkbox"/> Scholarship application fee is waived <p>*If documents are non-English, please provide an official English translation</p>	<p>Please attach a recent photograph of applicant.</p>
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APPLICANT'S PARTICULARS

Full Name (as printed in Passport)					
First Name		Last Name		Name in Chinese Character (if applicable)	
Nationality	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth	Country of Birth	Race	
Passport No	Place of Issue	Issue Date	Expiry Date		
Residential Status in Singapore (Please tick one)					
<input type="checkbox"/> Singapore Citizen <input type="checkbox"/> Singapore PR					
NRIC Number			Re-entry Permit Expiry Date (SPR only)		
First Language		Second Language/ Mother Tongue		Third Language (If applicable)	
Email Address				Mobile No	
Residential Address (Singapore and/or Overseas)					
Has the applicant previously applied for any scholarships from HCIS or other education institutions? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, please indicate the name of scholarship, date of application and outcome:					

EDUCATION BACKGROUND

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

Current School

Subject	Grade	Subject	Grade	Subject	Grade	Subject	Grade

Has the applicant ever been suspended or expelled from school? Yes No
If yes, please state reason:

LEARNING SUPPORT

PLEASE TICK ACCORDINGLY	YES	NO
Has the applicant experienced learning difficulties in school?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant have any special educational needs identified by a professional?	<input type="checkbox"/>	<input type="checkbox"/>
Has the applicant ever been enrolled in a learning support programme?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant require counselling or special learning support in his studies?	<input type="checkbox"/>	<input type="checkbox"/>
Does the applicant have any health or physical concerns?	<input type="checkbox"/>	<input type="checkbox"/>

If you have indicated "YES" to any of the above questions, please provide more information in the space below and attach supporting documents if any:

CO- CURRICULAR ACTIVITIES (CCA), ACADEMIC AND NON-ACADEMIC ACHIEVEMENTS

Please provide details and supporting documents (please attach additional pages or documents, if necessary) Awards/ Certificates/ Sports / Games / Social & Community Work, etc. Starting with the most recent and/or significant.

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

PARENTS' PARTICULARS			
FATHER			
Full Name (as printed in NRIC)	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"/> Employment Pass <input type="checkbox"/> Others Pass (DP/ LTVP) <input type="checkbox"/> None of the Above			
NRIC/Fin No.	Pass Expiry Date (If applicable)		
Occupation	Gross Yearly Income	Highest Educational Qualification	
Residential Address (Singapore and/or Overseas)			
MOTHER			
Full Name (as printed in NRIC)	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"/> Employment Pass <input type="checkbox"/> Others Pass (DP/ LTVP) <input type="checkbox"/> None of the Above			
NRIC/Fin No.	Pass Expiry Date (If applicable)		
Occupation	Gross Yearly Income	Highest Educational Qualification	
Residential Address (Singapore and/or Overseas)			
APPLICANT'S SIBLINGS			
Name	Gender	Nationality	Date of Birth

EMERGENCY CONTACT INFORMATION

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

DATA PROTECTION

Data Protection – You agree that your and your child’s personal data may be collected, used and disclosed by the School (which shall include our affiliates, service providers and agents) for the purposes of administering your child’s application to and/or education in the School and your child’s alumnus status upon his or her graduation, for the School’s compliance with applicable laws, regulations and guidelines, in accordance with applicable laws, regulations and guidelines, and/or for internal audit. You warrant that you have the consent of your child (as applicable) for the School to collect, use and disclose such personal data for the aforementioned purposes, such that the School need not take any further action in this regard. You understand and agree that, in the course of the collection, use and disclosure described above, relevant personal data may be transferred outside of Singapore.

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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I / We hereby declare that the information provided in this application is true and accurate, and undertake to immediately inform the School of any changes therein.
I / We understand and agree that any false or inaccurate information provided in this application entitles the School to reject this application and/or to terminate my child’s enrolment at the School, any scholarship awarded to my child by the School (if applicable) and my child’s residence at HCIS Residence (if applicable), at the School’s sole discretion.
I / We hereby understand and agree to the ‘Data Protection’ paragraph above’

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

FOR OFFICIAL USE

Received By: _____ Received Date: _____