

HCIS SCHOLARSHIP APPLICATION AND ASSESSMENT FORM

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

Documents to be submitted along with this HCIS Scholarship Application Form <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 assessment fee is waived 						Please attach a recent photograph of applicant.	
*If documents are non-English, please provide an official English translation							
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							
Name of Previous Schools Attended		Start Date (DD/MM/YY)	End Date	Name of Previous Schools Attended		Start Date (DD/MM/YY)	End Date (DD/MM/YY)
Name of Current School					Academic Level		
Subject	Result	Subject	Result	Subject	Result	Subject	Result

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	Is this sibling a current or former student of HCIS? If yes, please provide the latest year of study and class.

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"/> School Website <input type="checkbox"/> Outdoor Advertisement (Bus/MRT/Malls) <input type="checkbox"/> Media Advertisements (Radio/Newspapers) <input type="checkbox"/> Social Media (Facebook/Instagram/LinkedIn) <input type="checkbox"/> Internet Search (Google/Yahoo etc) <input type="checkbox"/> Alumni/ Family/ Friends <input type="checkbox"/> During Consultation with HCIS Staff	<input type="checkbox"/> Referred by Agent Name of the Agent _____ <input type="checkbox"/> Others (Please indicate) _____
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Have you seen or heard of HCIS on any of the following platforms? Tick all that apply.

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|--|--|---|
| <input type="checkbox"/> Bus Advertisements | <input type="checkbox"/> CNA or The Straits Times Articles | <input type="checkbox"/> Radio Advertisements |
| <input type="checkbox"/> MRT Station or Train Advertisements | <input type="checkbox"/> Digital Screens in Malls | |
| <input type="checkbox"/> I have not seen any of the above | | |

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: _____