



FINANCIAL ASSISTANCE SCHEME APPLICATION

Section 1: Details of student

NAME OF STUDENT			
SCHOOL			
LEVEL			
RESIDENTIAL ADDRESS			
EMAIL			
PHONE CONTACT			

Section 2: Details of Household Income and Members

Students from families whose gross monthly household income not exceeding \$6,900 (or per capita income not exceeding \$1,725) are eligible to apply

Please state your total gross household income in SGD: _____

Please attach OR a **supporting income documents** copy of your child's **Edusave Merit Bursary Certificate**.

I, _____ (Parent/ Guardian) _____ (H/P)
of _____ (Student) hereby certify that the above details are
correct and acknowledge that The Academic Workshop (AWS) reserves the right to reject any
applications even if the above conditions are satisfied.

(Signature of Parent/Guardian)

(Date)

For Official Use:

(Date received and Application ref number/ remarks if applicable)