



IMPORTANT INFORMATION

OBJECTIVE
To provide needy students with tuition at a subsidized rate as an encouragement for them to strive for greater academic achievements.
ELIGIBILITY
<p>1. School Attending Applicant must be a full-time student pursuing formal education at a Government School.</p> <p>2. Income Criteria To eligible for subsidy, your monthly gross household income cannot exceeds \$3,000.00, or your gross per capita income not exceeding \$650.00</p>
PHOTOCOPIED DOCUMENTS REQUIRED
<ol style="list-style-type: none"> Both sides of applicant's Birth Certificate (BC) / Identity Card (NRIC) Both sides of Birth Certificates (BC) / Identity Cards (NRIC) of applicant's parents/ guardians and all family members living at the same address as applicant Applicant's latest academic result slip Latest CPF contribution history (6 months) of parents/ guardians and all family members living at the same address as applicant (including housewives, part-timers, odd job workers, employed but without pay slips or unemployed) Pay slips (latest 3 months) or employment letters (recent 3 months, indicating gross income) of parents/guardians and all other working family members living at the same address as applicant Death Certificates, Divorce Documents (with details on custody and maintenance), Medical Documents and Letters of Retrenchment/Termination, where applicable.
APPROVAL
<ol style="list-style-type: none"> Applications that are incomplete or without all supporting documents will not be processed. If a successful applicant is found to be untruthful or to have withheld information necessary for his/her application, Harvest Care Centre has the right to stop the subsidized tuition.
TERMS & CONDITIONS
<ol style="list-style-type: none"> Students absent for more than 3 times with no valid reason will be taken as have opted out of the programme and no refund will be given. One (01) months' notice in writing or one month's fees in lieu must be given for withdrawal requisition.
HOW TO APPLY
<p>Please submit a set of duly completed application form and supporting documents to:</p> <p style="text-align: center;">Harvest Care Centre - LOC En'rich Programme 165 Sims Avenue #04-02 Singapore 387606</p>

APPLICATION FORM

A) APPLICANT'S PARTICULARS		
Full Name (as in NRIC/ Passport):	Nationality:	Gender: *Male/Female
NRIC/Passport Number:	Race:	Religion:
Date of Birth (DD/MM/YYYY):	Home Tel:	Mobile Tel (if any):
eMail Address:	Home Address:	
B) APPLICANT'S ACADEMIC BACKGROUND		
Name of School (Present):	Level/Stream (Present):	
Positions held/Co-Curricular Activity involvement:		
Interests/Hobbies:		
SUBJECTS INTERESTED		
Secondary (*subjected to availability of tutors) <input type="checkbox"/> English <input type="checkbox"/> Math <input type="checkbox"/> Literature <input type="checkbox"/> <input type="checkbox"/> A. Math <input type="checkbox"/> Geography Chinese <input type="checkbox"/> Science <input type="checkbox"/> History <input type="checkbox"/> Principle of Accounts <input type="checkbox"/> Others _____ (pls. specify)	Primary (*subjected to availability of tutors) <input type="checkbox"/> English <input type="checkbox"/> Chinese <input type="checkbox"/> Higher Chinese <input type="checkbox"/> Math <input type="checkbox"/> Science	
As part of holistic learning, are there any activities or workshops which you may be interested? (You may tick more than one box) <input type="checkbox"/> Sports <input type="checkbox"/> Camps <input type="checkbox"/> Adventure <input type="checkbox"/> Tours <input type="checkbox"/> Boy-Girl Relationship Workshop <input type="checkbox"/> Life Skills Workshop <input type="checkbox"/> Others _____ (pls. specify)		
C) PARENT'S/ GUARDIAN'S INFORMATION		
Name of Parent/ Guardian:	Office Tel:	
eMail Address:	Mobile Tel:	



D) FAMILY PARTICULARS (Family Members Living At The Same Address)				
Name	NRIC No	Relationship with Applicant	Occupation and/or School	Monthly Gross Income
E) FAMILY FINANCIAL BACKGROUND				
<input type="checkbox"/> Does your family have other regular sources of income? If yes, please specify the relevant. Nature of income (e.g. rental) _____ Frequency (e.g. Monthly) _____ Amount: \$ _____				
<input type="checkbox"/> Is your family receiving any financial assistance from any other organization or person? If yes, please specify and attached any relevant documentation.				
Name Of Organization / Person	Contact No.	Type Of Assistance and/or Amount	Period	



F) DECLARATION OF INCOME STATUS		
<p>Please make additional copies of this page for completion if there are more than two family members having the below employment status.</p> <p>This section is to be filled up by family members living at the same address who are:</p> <ol style="list-style-type: none"> 1. Currently unemployed and/or housewife without any employment. 2. Doing part-time and/ or odd job(s). 3. Have a full-time employment that does not have any CPF contribution or pay slip (eg. taxi-drivers, hawkers, etc.) 		
<p>I, _____ (Name), _____ (NRIC No.), declare that I am currently *unemployed and/or housewife without any employment / doing part-time and/or odd jobs / having a full-time work that does not have any CPF contribution or pay slip. My occupation is _____ and my monthly gross income is _____ (before CPF deduction). I declare that the above is true and accurate.</p>		
_____ Signature	_____ Date	
<p>I, _____ (Name), _____ (NRIC No.), declare that I am currently *unemployed and/or housewife without any employment / doing part-time and/or odd jobs / having a full-time work that does not have any CPF contribution or pay slip. My occupation is _____ and my monthly gross income is _____ (before CPF deduction). I declare that the above is true and accurate.</p>		
_____ Signature	_____ Date	
G) PARENT'S / GUARDIAN'S DECLARATION & AUTHORIZATION		
<p>I declare:</p> <ol style="list-style-type: none"> 1. The information and copies of the documents attached to this application form are true and correct. If the information is found untrue and incorrect, Harvest Care Centre has the right to stop the subsidized tuition. 2. The information of Applicant and his/her family members will be kept confidential and will only be shared with authorized persons. However, if the information has any legal implications, it will be made known to the relevant authorities. 		
_____ Signature of Applicant	_____ Signature of Parent/ Guardian	_____ Date