



APPLICATION FORM FOR INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS OF SINGAPORE (ICPAS) SCHOLARSHIP

Closing Date for Application: 31 Mar 2010
For Class Commencing: July 2010

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This form is to be completed and returned to the relevant institution on or before the closing date specified, together with supporting documents. Do not leave any item blank. If it is not applicable, please indicate N.A.

*Please type or write in **block letters**.*

Personal Particulars

- 1.01 Name : (Mr/Mrs/Mdm/Ms/Miss) _____
(in full, underline surname)
- 1.02 Address : _____
Postal Code: _____
- 1.03 Contact No Hp: _____ Home: _____ Office: _____
- 1.04 Email Address: _____
- 1.05 Date of Birth: _____ IC / Passport No: _____
- 1.06 Singaporean Singapore Permanent Resident Others (please specify):
(Please tick and attach Documentary Evidence)

Application for Course

- 2.01 Association of Chartered Certified Accountants (ACCA)

Academic Performance

A Current Institution

- 3.01 Name of Institution : _____
- 3.02 Course of Study: _____
- 3.03 Student Admission Number. : _____
- 3.04 Latest Cumulative Grade Point Average: _____
(Attach certified copy of examination results slip.)
- 3.05 Academic honours, distinctions, etc : _____

B Others

3.06 Please list all other schools and professional institutions attended and attach certified copy of certificates, results transcripts and testimonials (if any).

<u>Institution</u>	<u>Qualification Attained</u>	<u>From:</u>	<u>To:</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3.07 Academic honours, distinctions, prizes, etc. (state year) :

Financial Position

4.01 Total family income (per month)
 :

4.02 Details of family's financial circumstances :

4.03 Dependants on family income (excluding yourself) :

<u>Name</u>	<u>Age</u>	<u>Relationship to you</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4.04 What other financial assistance have you received?

Referees

(Give the names of two referees who are not your relatives from whom reports may be obtained on your character.)

(a) Name :	.....	(b) Name :	.....
Address :	.....	Address :	.....

Tel No :	.....	Tel No :	.....
Occupation :	.....	Occupation :	.....

Attach on a separate sheet any further information you wish to submit for consideration of the Selection Committee.

I AFFIRM THAT THE ABOVE INFORMATION I HAVE GIVEN IS TRUE TO THE BEST OF MY KNOWLEDGE.

Date : Signature :

Note :

- 1. Only successful applicants will be notified.
- 2. The decision of the institution to award the scholarship shall be final.

Terms & Conditions

- 1. The recipient must be a new ACCA student
- 2. Scholarship is non-transferable and non-deferable
- 3. The recipient must act as the SAA Ambassador
- 4. The recipient must pursue his/her studies leading to the ACCA qualification with SAA and are required to attend at least 90% of the course lectures. In event of illness or other unforeseen circumstances resulting in attendance of less than 90%, a medical certificate or an authorised letter specifying the reason will be required confirming the absence from class
- 5. Should the recipient withdraw, discontinue from the sponsored programme, he/she will have to repay SAA, the full course fees that has been disbursed at the prevailing rates
- 6. SAA shall review the recipient's performance at the end of each academic year before the scholarship is renewed.
- 7. SAA reserves the right to withdraw or suspend the scholarship at any time if, in its opinion, the recipient's conduct or performance has not been satisfactory.
- 8. ICPAS reserves the right to amend the terms and conditions of the scholarships.

