



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

Closing Date for Application: 30 Apr 2010
For Class Commencing: August 2010

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Please type or write in block letters. If it is not applicable, please indicate N.A.
This form is to be completed and returned to Singapore Accountancy Academy (SAA), the training arm of ICPAS before the closing date specified, together with supporting documents.

Personal Particulars

- 1.01 Name: (Mr/Mrs/Mdm/Ms) _____
(in full, underline surname)
- 1.02 Email Address: _____
- 1.03 Home Address: _____
Tel No: _____
- 1.04 Date of Birth: _____ NRIC No.: _____
- 1.05 Age (as at beginning of year): _____ Years _____ Months
- 1.06 Nationality/Citizenship: _____
(attach Documentary Evidence)

Application for Course

- 2.01 University of London Degree Programme (UOL)
- | | |
|----------------------------|--------------------------|
| BSc Accounting and Finance | <input type="checkbox"/> |
| BSc Banking and Finance | <input type="checkbox"/> |
| BSc Business | <input type="checkbox"/> |

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

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.....

Financial Position

4.01 Total monthly family income:

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>
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4.04 What other financial assistance have you received?

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Referees

5.01 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.

Declarations

I AFFIRM THAT THE ABOVE INFORMATION I HAVE GIVEN IS TRUE TO THE BEST OF MY KNOWLEDGE AND HAVE UNDERSTOOD THE TERMS AND CONDITIONS OF THE SCHOLARSHIP.

Date: Signature:

Terms & Conditions

1. The recipient must be a new UOL 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 UOL degree 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. Continuing students need to pass all 4 subjects with minimum mark of 50% per subject and have a combined aggregate mark of 260 (minimum)
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.

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