

## APPLICATION FORM FOR ICPAS-DR. ERNEST KAN ACCOUNTANCY SCHOLARSHIP

Closing Date for Application: 26<sup>th</sup> Nov 2009  
For Class Commencing: Jan 2010

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Please return/send the completed form to the Academy  
**20 Aljunied Road, #01-04 CPA House Singapore 389805**  
before the closing date as 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 Nationality/Citizenship: \_\_\_\_\_  
( Please attach documentary evidence)

### Academic Performance

- 2.01 Please list all the schools and professional institutions attended and attach certified copy of certificates, results transcripts and testimonials (if any). ACCA student, please attach your previous ACCA result slip.

<u>Institution</u>	<u>Qualification Attained</u>	<u>From:</u> ( <u>mt</u> / <u>yr</u> )	<u>To:</u> ( <u>mt</u> / <u>yr</u> )
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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2.02 Academic honours, distinctions, prizes etc (state year)

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**Employment History**

3.01 Please list all your employment history (if any).

<u>Company Name</u>	<u>Designation</u>	<u>From:</u> <u>(mth/yr)</u>	<u>To:</u> <u>(mth/yr)</u>
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**Financial Position**

4.01 Total family income (per month) : \_\_\_\_\_

4.02 Details of family's financial circumstances :

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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**

(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.
3. The institution reserves the right to amend the terms and conditions of the scholarships.
4. The institution and Dr. Ernest Kan reserve the right to withdraw or suspend the scholarship at any time if, in their opinion, the recipient's conduct or performance has not been satisfactory.
5. For the list of terms and conditions of the various scholarships, please log on to [www.saa.org.sg](http://www.saa.org.sg)