

Ref No : \_\_\_\_\_

**SINGAPORE ACCOUNTANCY ACADEMY**  
Training Arm of ICPAS

**SAA SCHOLARSHIP FOR INTERNATIONAL STUDENTS**

**Closing Date: 26th Mar 2010**  
**For class commencing: Jul 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 : \_\_\_\_\_ Passport No: \_\_\_\_\_
- 1.06 Nationality/Citizenship : \_\_\_\_\_  
(Please Attach Documentary Evidence)

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**Application for Course**

2.01 You may tick only one course.

Association of Chartered Certified Accountants (ACCA)

Certified Accounting Technician (CAT)

## Academic Performance

3.01 Please list all the 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>
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....
.....	.....	.....	.....

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

.....  
.....

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## 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.
  3. The institution reserves the right to amend the terms and conditions of the scholarships.
  4. The institution reserves 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)