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|  | **MCAS BURSARY APPLICATION 2020** | **For Official Use:** |

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| **APPLICATION REQUIREMENTS** | |
| **Eligibility** | * Muslim, * In financial difficulty, * Singaporean / Permanent Resident, * Minimum GCE “O/A” Level or its equivalent, * Have been **accepted by the tertiary institution as of April 2020,** * Priority will be given to Muslim Converts and/or their children. |
| **Field of study** | Any tertiary course or its equivalent field of study, which in the discretion of the committee will be beneficial to Muslim Converts’ Association of Singapore (MCAS) and the Muslim community. |
| **Recommendation** | Volunteer with MCAS.   |  |  | | --- | --- | | **Bursary Amount**  **Granted** | **Volunteer Hours Recommended within 1 year** | | ≤ $1000 | 32 | | ≤ $2000 | 64 | | ≤ $3000 | 96 | | ≥ $4000 | 100 | |
| **INSTRUCTIONS** | |
| 1. There is a total of 9 pages to this Bursary Application Form. Complete **ALL** sections of this form. We recommend that this application form is completed via Microsoft Word and **ONLY SUBMIT A PDF FORMAT** of this form to us. 2. This form must be completed by the applicant. 3. Incomplete applications **WILL BE REJECTED**. 4. All communications will be done through email and/or telephone. 5. Applications without a valid email address and contact number **WILL BE REJECTED**. 6. **Closing date** of submission is on Sunday**, 31st of May 2020.** 7. You must submit your completed application form together with the accompanying documents via email:   Email to: [**Bursary@mcas.sg**](mailto:Bursary@mcas.sg)   1. Please take note that personal information shared will be kept confidential and subject to the PDPA clause stated on page 9 of this form. 2. For enquiries, please email us at [**Bursary@mcas.sg**](mailto:Bursary@mcas.sg) | |
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| **DOCUMENTS TO SUBMIT** | |
| Please scan and submit the following documents via email.  Ensure that the documents are in **pdf** format and that the upload size **do not exceed 15MB**.   |  |  | | --- | --- | | **Conversion Card**  of applicant OR parent | If applicant is a convert, please scan your conversion card.  If the applicant is a child of a convert, please scan your parent’s conversion card. | | **Personal Details**  of Applicant **and** all family members in the same household | 1. NRIC for Citizen and Permanent Residents (both sides) | | 1. Birth Certificate (proof of relationship) | | **Statement / Proof of Income**  of Applicant **and** family members in the same household. | 1. Recent salary statement or pay slip. | | 1. CPF contribution and transaction statements for the last 6-months of all adults living in the same household including unemployed adults. | | 1. Retirement / retrenchment letters from previous employers are required for family members who are no longer working. | | 1. Applicant/Family members who are self-employed must provide the Income Tax Declaration / Notice of Assessment. | | 1. For unemployment due to medical reasons, medical certificates / reports are to be produced. | | **Academic Details**  of Applicant | 1. Letter of acceptance to the intended institution or proof that applicant is still studying with the current institution. | | 1. Details of **Course Fees.** | | 1. N Level/O Level/A Level/ ITE certificate(s). | | 1. Latest tertiary education transcript. | | 1. Examination progress result from previous application *(for repeat applicants)* | | **Other Details** | Any testimonials and extra-curricular activity records. | | Any other documents that our officer deem fit and necessary to aid the eligibility process. | | |

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| **MCAS BURSARY APPLICATION 2020** | |  | | | |
| Name: |  |  | Last 4 alphanumeric characters of NRIC (including alphabet) Eg. S\*\*\*\*123X |  |  |
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| **APPLICANT'S PERSONAL DETAILS** | | | | | |  |  | | |  |  |  |  | | |  | | |  | |  | | | |
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| NAME (as in NRIC) | |  | | | | | | | |  | NRIC NO. |  | | | | | | | | | | | | |
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| DATE OF BIRTH | | Click here to enter a date. | | | | | | | |  | NATIONALITY |  | | | | | | | | | | | | |
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| GENDER | | Choose an item. | | | | | | | |  | RACE |  | | | | | | | | | | | | |
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| MARITAL STATUS | | Choose an item. | | | | | | | |  |  |  |  | | |  | | |  | |  | | | |
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| TYPE OF RESIDENCE | | Choose an item. | | | | | | | |  | OWNERSHIP OF RESIDENCE | Choose an item. | | | | | | | | | | | | |
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| RESIDENTIAL ADDRESS | | Block |  | |  | | | | |  | Street Name |  | | | | | | | | | | | | |
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| RESIDENTIAL NO. | |  | | | | | | | |  | MOBILE NO. |  | | | | | | | | | | | | |
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| EMAIL ADDRESS | |  | | | | | | | |  |  |  |  |  | | | | |  | |  | | | |
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| MUSLIM BY | | Born Muslim | | | | |  | | |  |  |  |  |  | | | | |  | |  | | | |
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|  |  | Convert | | | | | | | |  | Date of Conversion | Click here to enter a date. | | | | | | | | | | | | |
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|  |  | Child of Convert | | | | | | | |  | Date of Parent's Conversion | Click here to enter a date. | | | | | | | | | | | | |
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| MEMBER OF MCAS? | | Choose an item. | | | | | | | |  | Membership Expiry | Click here to enter a date. | | | | | | | | | | | | |
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| CURRENT OCCUPATION | |  | | | | | | | |  | EMPLOYMENT TYPE | Choose an item. | | | | | | | | | | | | |
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| GROSS MONTHLY INCOME (S$) | | **SGD$** |  | | | | | | |  | TOTAL HOUSEHOLD MONTHLY INCOME (S$) | **SGD$** | | |  | | | | | | | | | |
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| **BANK ACCOUNT DETAILS** | | | |  | |  |  | | |  |  |  | | |  | |  | | |  | |  | | |
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| BANK NAME | |  | | | | | | | |  | NAME OF ACCOUNT HOLDER |  | | | | | | | | | | | | |
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| ACCOUNT NO. | |  | | | | | | | |  |  |  |  | | |  | | |  | |  | | | |
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| **MCAS BURSARY APPLICATION 2020** | |  | | | |
| Name: |  |  | Last 4 alphanumeric characters of NRIC (including alphabet) Eg. S\*\*\*\*123X |  |  |
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| **PARTICULARS OF ALL OTHER FAMILY MEMBERS IN THE SAME HOUSEHOLD** | | | | | | | | | | | | | | |
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|  | DATE OF BIRTH | Click here to enter a date. | | | | | |  | ROLE IN FAMILY | Choose an item. | | | | |
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|  | DATE OF BIRTH | Click here to enter a date. | | | | | |  | ROLE IN FAMILY | Choose an item. | | | | |
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| **MCAS BURSARY APPLICATION 2020** | |  | | | |
| Name: |  |  | Last 4 alphanumeric characters of NRIC (including alphabet) Eg. S\*\*\*\*123X |  |  |
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| **ACCEPTED INSTITUTION DETAILS** | | | | | | | | | | | | | | | |
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| NAME OF INSTITUTION | |  | | | | | |  | COUNTRY OF STUDY |  | | | | | |
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| ADDRESS OF INSTITUTION | |  | | | | | |  | NAME OF COURSE |  | | | | | |
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| COURSE START DATE | | Click here to enter a date. | | | | | |  | TYPE OF STUDY | Choose an item. | | | | | |
|  |  |  | |  |  |  |  |  |  |  | |  |  |  |  |
| COURSE END DATE | | Click here to enter a date. | | | | | |  | ANNUAL COURSE FEES | $ |  | | | | |
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| **MCAS BURSARY APPLICATION 2020** | |  | | | |
| Name: |  |  | Last 4 alphanumeric characters of NRIC (including alphabet) Eg. S\*\*\*\*123X |  |  |
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| **PLEASE ANSWER THE FOLLOWING QUESTIONS** | | | | | | | | | | | | | | | | |
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| Have you previously suffered, or currently suffer from any impairment, disease or mental illness? | | | | | | | | | | | |  |  | |  |  |
| No | | Yes |  |  |  |  | |  |  | |  |  |  | |  |  |
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| Have you ever been convicted in a court of law in any country, or do you have a court case/police investigation pending against you, or are you a current or former member of any unlawful society? | | | | | | | | | | | | | | | | |
| No | | Yes |  |  |  |  | |  |  |  | |  |  | |  |  |
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| Have you received bursary/scholarship from other organizations in 2020? | | | | | | | | | |  | |  |  | |  |  |
| No | | Yes | Amount: | | $ | | |  | Date Awarded: | Click here to enter a date. | | | | | | |
| Group Box 38 |  |  |  |  |  |  | |  |  |  | |  |  | |  |  |
| How did you first learn of MCAS’ bursary? | | | | | | | | | |  | |  |  | |  |  |
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| Have you previously applied for MCAS Bursary? | | | | | | | |  |  |  | |  |  | |  |  |
| No | | Yes | If Yes, please provide details:- | | | | | |  |  | |  | |  | | |
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| Do you have any relationship / affiliation with staff or board members of MCAS? | | | | | | | | | | | |  |  | |  |  |
| No | | Yes | If Yes, please provide details:- | | | | | |  |  | | | | | | |
|  | | Name: |  | | | | | | | Relationship: | |  | | | | |
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| **MCAS BURSARY APPLICATION 2020** | |  | | | |
| Name: |  |  | Last 4 alphanumeric characters of NRIC (including alphabet) Eg. S\*\*\*\*123X |  |  |
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| **ESSAY SUBMISSION** | | | | |  |  |  |  |  | | |  |  |  |  | |  |  | |
| Provide your essay of about 500 words for the following questions: | | | | | | | | | | | | |  |  |  | |  |  | |
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|  | **i) FOR FIRST-TIME APPLICANTS** | | | | | |  |  |  | | |  |  |  |  | |  |  | |
|  | a) | | What is important to you? | | | | | |  | | |  |  |  |  | |  |  | |
|  | b) | | What are your goals and how are they reflected in your accomplishments? | | | | | | | | | | |  |  | |  |  | |
|  | c) | | How will you be able to contribute to an islamic organisation and the muslim community upon your graduation? | | | | | | | | | | | | | | |  | |
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| **MCAS BURSARY APPLICATION 2020** | | | | | | | | | |  | | | | | | | | | |
| Name: | |  | | | | | | | |  | Last 4 alphanumeric characters of NRIC (including alphabet) Eg. S\*\*\*\*123X | | | | |  | | |  |
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|  | **ii) FOR REPEAT APPLICANTS** | | | |  |  |  |  |  |  |  |  |  |
|  | a) | How has the previous bursary award benefitted you? | | | | | | |  |  |  |  |  |
|  | b) | How would you contribute as a volunteer at MCAS? | | | | | | |  |  |  |  |  |
|  | c) | Please describe the voluntary work done at MCAS if you have managed to do so. | | | | | | | | | |  |  |
|  | d) | Which area/s of service would you recommend MCAS to improve on? Please provide suggestions. | | | | | | | | | | |  |
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| **MCAS BURSARY APPLICATION 2020** | |  | | | |
| Name: |  |  | Last 4 alphanumeric characters of NRIC (including alphabet) Eg. S\*\*\*\*123X |  |  |
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| **DECLARATION** | | |  |  |  |  |  |  |  | |  |  |  |  |
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| By checking this box, I hereby,   * acknowledge that the acceptance of this application form by Muslim Converts’ Association of Singapore, henceforth termed as MCAS, does not indicate the success of the bursary being granted. * declare that all the entries in this bursary application form including the attachments provided are true and correct. * I declare that I have not wilfully supressed any material fact. * authorize MCAS to disclose my personal information to its employees and Bursary panel for administration and record purposes. * further authorize MCAS to send me communications relating to services, events, promotions or newsletters via electronic mail, mobile phone text messages and/or mailers by MCAS or by 3rd party vendors authorized by MCAS. MCAS represent to, warrant and undertake that collective consents have been obtained allowing MCAS to collect, use, process and disclose the personal data in accordance with the terms and conditions as stated in the MCAS Personal Data Protection Policy available on our website ([http://www.mcas.sg/corporate/pdpa/).](http://www.mcas.sg/corporate/pdpa/) * understand that it is my responsibility to report to MCAS any changes on any related relationship/affiliation. | | | | | | | | | | | | | | |
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