RN: …….

SINGAPORE MERCANTILE CO-OPERATIVE SOCIETY LIMITED

APPLICATION FORM
G C E 'A' LEVEL (JC 2 OR PRE U3) SCHOLARSHIP AWARD 2025

INSTRUCTIONS:-

1. ***This application is opened to children of members only.***
2. ***Only members who have a continuous membership of one year as at 31st December of the preceding year shall be eligible to apply for the award.***
3. ***No member is allowed to apply for more than one child for the award of scholarship.***
4. ***Attach copy of applicant's Birth Certificate, Promotional Final Term Result of JC1 OR PRE UII 2024 & Member's Payslip.***
5. ***Applicant must be sitting for his/her GCE 'A' Level (Final Year) in Year 2025.***
6. ***Closing Date for submitting this Application Form is on 29th AUGUST 2025.***
7. ***Application form shall be duly completed and endorsed by the respective school or institutions as required. Late submission will not be accepted.***

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1. NAME OF STUDENT: ……..... NRIC: ……

DATE OF BIRTH: ……. AGE: ……TEL: …….. SEX : (MALE /FEMALE) *

LIST RESULT OF BEST 4 SUBJECTS

NO	SUBJECT	GRADE	NO	SUBJECT	GRADE
1			4		
2			5		
3			6		

_____ _____

DATE **SIGNATURE OF STUDENT**

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2. NAME OF COLLEGE OR INSTITUTE:…….

PRESENT STANDARD: ……(JC 2 OR PRE U3)*

RECOMMENDATION OF PRINCIPAL: (IF ANY)……

CONFIRM STUDENT'S STATEMENT:……

_____ _____ _____

NAME OF PRINCIPAL **DATE** **SIGNATURE OF PRINCIPAL OF COLLEGE OR INSTITUTE WITH STAMP**

*DELETE WHERE NECESSARY

P T O

TO BE COMPLETED BY MEMBER:

3. NAME OF MEMBER: *MR/MDM…… NRIC: ……RN:……

DATE OF BIRTH: ……AGE: …….COMPANY: ……..

HOME ADDRESS: ……

EMAIL ADDRESS: ……

S'PORE: ……..(POST CODE) OFF TEL :……..HP: …..……....

PLACE OF EMPLOYMENT:……DEPT:……

DATE JOINED SOCIETY: :……. YRS: ….. …SALARY: ……...

(To attach copy of the latest payslip)

NUMBER OF OTHER CHILDREN:

SCHOOLING	
WORKING	

I DECLARE THAT THE INFORMATION GIVEN IN THIS FORM IS TRUE AND CORRECT.

……. ……..

DATE **SIGNATURE OF MEMBER**

NOTE: IT SHALL BE THE POWER OF THE MANAGEMENT COMMITTEE OR EDUCATION SUB-COMMITTEE AS THE CASE MAY BE TO APPROVE, DISAPPROVE, DEFER OR REJECT ANY APPLICATION WITHOUT ASSIGNING ANY REASON THERETO.

FOR OFFICIAL USE ONLY

COMPUTATION	ACTUAL	POINT
SCHOOL PERFORMANCE		
MEMBER'S SALARY		
TOTAL FAMILY MEMBERS		
LENGTH OF MEMBERSHIP		
TOTAL		

4. INFORMATION CHECKED/PROCESSED BY: ……..DATE:……..

CHAIRMAN EDUCATION SUB-COMMITTEE: ……

APPROVED / DISAPPROVED* DATE OF MEETING……..……