



## STSPMF Application Form

**All completed STSPMF application forms must be attached with the relevant documents listed below:**

- Photocopy of student(s)'s NRIC / birth certificate
  - Photocopy of both parents' / guardian's NRIC / passport
  - Documentary evidence of gross household income of **every member of the household** eg: latest payslips and CPF statements for the past 15 months (My Contribution, My Statement and Transaction History) or income declaration (only if household member is unemployed and does not have CPF)
- STSPMF reserves the right to reject the application if any of the supporting documents is not submitted

**Eligibility Criteria:**

- a. Student is a Singapore Citizen (SC) or Singapore Permanent Resident (SPR)
- b. Family is living in a 4-room HDB flat or smaller
- c. Family has a gross per capita income (PCI) of \$625/ month or less
- d. Student is receiving full-time formal education in a mainstream primary / secondary / mixed level / Junior College / Centralised Institute; Institutes of Technical Education; Polytechnic; Specialised; Independent; Specialised Independent; SPED; MOE-designated full-time Madrasahs and Mountbatten Vocational school
- e. Is not concurrently receiving school pocket money fund from disbursing agencies
- f. Is not concurrently receiving other similar monthly school pocket money schemes (*Note that applicants under the MOE Financial Assistance Scheme are eligible*)
- g. Has not been a STSPMF beneficiary for more than 24 months for the whole schooling years of primary and secondary education or more than 48 months for the schooling years of post-secondary education.

**Additional criteria for students in JC, ITE or Polytechnic applying for STSPMF:**

- h. Student is 20 years or younger at point of application

**(I) Applicant's Details (Parent/legal guardian of student)**

Name (in NRIC/FIN):	NRIC/FIN:
Address (in NRIC/for FIN holders):	Date of Birth: (dd/mm/yyyy)
Postal Code: (                    )	Gender: Male / Female*
Nationality: Singaporean / Singaporean PR / Others (please state: _____)*	Marital status: Single / Married / Divorced / Separated / Widowed / Cohabit / Remarried / Unwed parent / Others (please state: _____) *
Race: Chinese / Malay / Indian / Eurasian Others (please state: _____)*	Type of Flat (Address in NRIC/for FIN holders): <input type="checkbox"/> 1 / 2 / 3 / 4 Room HDB flat <input type="checkbox"/> Interim Rental Housing (by HDB) <input type="checkbox"/> Transitional Shelter <input type="checkbox"/> Crisis Shelter <input type="checkbox"/> Homeless <input type="checkbox"/> Others (please state: _____) _____)*
Applicant contact information:  Home: _____ Handphone (Hp): _____  Email address: _____	

**(II) Applicant's child/children/Ward(s)**

All the children/ward(s) have to be from the same school.

Name (full name in NRIC/Birth Certificate)	BC/NRIC	Date of birth (dd/mm/yyyy)	Level and Stream next year (e.g. Express, Normal Academic or Normal Technical stream eg. Sec 3N(T))	Email address

(Note: Maximum period of approval at any one time is 12 months.)

**(III) Particulars of ALL household members**

(excluding STSPMF beneficiary/ies being submitted in this form for financial assistance)

**Definition of household members:**

Household Members = Immediate Family (spousal or parent-child relationship, whether blood, adopted or through re-marriage) residing in same house i.e. applicant's parents, spouse and child/ren.

Name	NRIC	Age	Relationship to Beneficiary(ies)	Monthly gross income (if working full time)

**Other sources of income:**

Rental income / CPF payouts / Pension payments / Payouts from insurance / Maintenance payments / NIL\*

Monthly amount: \_\_\_\_\_

**Total no. of household members:****Gross Monthly Household Income:**

(Regular income of household members (immediate family members in the same address), before CPF contribution)

**Gross Monthly Per Capita Income:**

(Regular income of household members (immediate family members in the same address) before CPF contribution, divided by number of household members.)

**(IV) Declaration of consent**

1. I, \_\_\_\_\_ (Parent's/Guardian's name) \*, I/C No \_\_\_\_\_ (Parent's/Guardian's I/C No) \*, declare that [my child/children/ward (s)] is/are currently NOT receiving The Straits Times School Pocket Money Fund (STSPMF) from any other STSPMF disbursing agency/school and have not applied for STSPMF at another disbursing agency/school.
2. I declare that [my child/children/ward (s)] is/are NOT receiving other similar monthly pocket money schemes excluding MOE FAS.
3. I acknowledge that for the purpose of facilitating my application for the STSPMF, that is administered by the STSPMF through disbursing agencies and schools,
  - a) any and all agencies and schools that have any of my prior financial assistance or social assistance records may share the relevant information with STSPMF.
  - b) that the record of this application, if approved, may be shared with STSPMF Trustees, the school and any agency or persons authorised by The Straits Times School Pocket Money Fund for the purpose of rendering me or assessing my eligibility for financial or other assistance in future occasions; or for research studies in which I, as a specific individual, shall not be identified; or for any other purpose prescribed or permitted under Singapore law.
4. I acknowledge that the information I have provided is accurate. I understand that [my/ my child / my children / my ward(s)\*] data will be stored in the electronic Case Management System (and in future, any replacement system developed by STSPMF) and consent for the data to be shared with STSPMF and across other agencies for analysis and enhancement of service delivery.
5. I am aware that the school and/or STSPMF has the right to recover in full the STSPMF that was given to me, if I have provided inaccurate information, or withheld any relevant information from the school.
6. I am aware that the STSPMF assistance is given for the benefit of [my child/ children/ ward(s)], for use as pocket money in school.

Declared by:

\_\_\_\_\_  
Signature of Parent/Guardian

Date:

**(V) MEDIA COVERAGE**

This section seeks the consent of the STSPMF applicant to be featured and interviewed for articles on STSPMF.

I, \_\_\_\_\_ (Parent's/Guardian's Name), NRIC No \_\_\_\_\_, consent/do not consent\* to my Family/me \* being featured.

Declared by:

\_\_\_\_\_  
Parent's/Guardian's Signature and Date

**(VI) DECLARATION FORM FOR FURTHER STSPMF ASSISTANCE (APPLICATIONS FOR FURTHER STSPMF ASSISTANCE THROUGH SCHOOLS)**

For beneficiaries to continue receiving The Straits Times School Pocket Money Fund

(A maximum of 24 months for the whole schooling years of primary and secondary students and 48 months for post-secondary students)

1. I, \*parent/guardian of \_\_\_\_\_ (name of student) \_\_\_\_\_ (I/C or B/C no), declare that my \*child/ward meet the following qualifying criteria (please tick the brackets below where applicable):
- ( ) Singaporean or Permanent Resident
- ( ) Gross household per capita income is not more than \$625; and
- ( ) Living in a HDB 4 room flat or smaller unit; and
- ( ) Full time student in one of the following mainstream institutions
- Primary/Secondary/Junior college/Centralised Institute/Mixed Level;
  - Specialised school;
  - Independent school;
  - Specialised Independent School;
  - MOE-designated full-time Madrasahs

If there is any change to the above information from the previous application, please elaborate:

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2. I declare that my \*child/ward is NOT receiving other similar monthly pocket money schemes excluding MOE FAS and will not be receiving STSPMF from disbursing agencies between October and December.
3. I acknowledge that for the purpose of facilitating my application for the STSPMF, that is administered by the STSPMF through disbursing agencies and schools,
- any and all agencies and schools that have any of my prior financial assistance or social assistance records may share the relevant information with STSPMF.
  - that the record of this application, if approved, may be shared with STSPMF Trustees, the school and any agency or person authorised by The Straits Times School Pocket Money Fund for the purpose of rendering me or assessing my eligibility for financial or other assistance in future occasions; or for research studies in which I, as a specific individual, shall not be identified; or for any other purpose prescribed or permitted under Singapore law.
4. I acknowledge that the information I have provided is accurate. I understand that [my child's/ ward's\*] data will be stored in the electronic Case Management System (and in future, any replacement system developed by STSPMF) and consent for the data to be shared across other agencies to serve [my child/ ward\*] better in terms of inter-agency service delivery and coordination.
5. I am aware that the school and/or STSPMF has the right to recover in full the STSPMF assistance that was given to me, if I have provided inaccurate information, or withheld any relevant information from the school.
6. I am aware that the STSPMF assistance is given for the benefit of my child/ward, for use as pocket money in school.

Name of \*Parent/Guardian and NRIC

Signature of \*Parent/Guardian

Contact no

Email address of child/ward

<b>(VII) For official use only</b>
Remarks, if any: <hr/> <hr/> <hr/>

## Income Declaration Form

I, \_\_\_\_\_(Name), Singapore Pink/Blue\* NRIC: \_\_\_\_\_, hereby declare that:

1) I am currently:

- employed full-time
- employed part-time
- employed on temporary/contract work (please start months of contract: \_\_\_\_\_ months)
- employed on ad-hoc basis
- unemployed (please specify: \* retrenched/ retired/others \_\_\_\_\_)

2) My gross monthly income is \$ \_\_\_\_\_/month.

3) The following members in my household are employed

Name	Relationship	Gross Salary

4) Total number of members in the household: \_\_\_\_\_

Remarks:

I acknowledge that the information I have provided is accurate. I am aware that the school has the right to recover in full the STSPMF that was given to me, if I have provided inaccurate information, or withheld any relevant information from the school.

Declared by:

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact No

\* Please tick the appropriate brackets and delete where appropriate