**Application for Scholarship**

**Early Childhood Care and Education (ECCE) (**

**Full-time Diploma PURPOSE FOR ENROLLING INTO COURSE**

**Please complete all sections. State 'NA' where it is Not Applicable.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name as in NRIC/Passport (Underline surname): | | |  | Please affix  recent photograph |
| Age: | | Gender: |  |
| Date of Birth:  (DD/MM/YYYY) | | |  |
|  |
| NRIC No: | | |  |  |
| Email Address: | | |  |  |
| Telephone No: | | Mobile No: |  |  |
| Nationality: | | Country of Birth: |  |  |
| Race: | | Religion: |  |  |
| Residential Address:  Postal Code: | | |  |  |
| Parents’ Occupation: | Father: | |  |  |
| Mother: | |
| Parents’ Marital Status: | | |  |  |
| Parents’ Religion: | Father: | |  |  |
| Mother: | |
|  | | | | |
| Why do you want to join this course? | | | | |
| What do you hope to achieve from attending this course? | | | | |
| What are your plans after course completion? | | | | |
| Are you applying for any other funding assistance? If YES, please give details: | | | | |
| How did you come to know about this course? | | | | |

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| --- | --- | --- | --- |
| Secondary School: |  | | |
| Period of Study: | From:  (DD/MM/YYYY) | | To:  (DD/MM/YYYY) |
| Names of two referees from secondary school (Educators) and contacts: | | | |
| Referee 1:  Contact Details: | | Referee 2:  Contact Details: | |

|  |  |  |  |
| --- | --- | --- | --- |
| Primary School: |  | | |
| Period of Study: | From:  (DD/MM/YYYY) | | To:  (DD/MM/YYYY) |
| Names of two referees from secondary school (Educators) and contacts: | | | |
| Referee 1:  Contact Details: | | Referee 2:  Contact Details: | |