**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.**

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| --- | --- | --- |
| 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? |

|  |  |
| --- | --- |
| 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: |