



***ASEAN SCHOLARSHIPS***

**TENABLE IN SINGAPORE  
INFORMATION BOOKLET**

# **ASEAN SCHOLARSHIPS**

## THE SINGAPORE SCHOOL SYSTEM

The Singapore education system aims to bring out the best in every student, developing sound moral values and the skills necessary to meet the demands of a rapidly changing world.

Students begin their education by entering primary school at age 6, where they spend 6 years learning basic subjects including English and a mother tongue language. Except for selected subjects taught in the mother tongue, English is the language of instruction in all Singapore schools. Students next proceed to the secondary level for 4 years of study to prepare for the Singapore-Cambridge General Certificate of Education Ordinary Level (GCE O-Level) Examination or equivalent. Those who perform well can enrol at junior colleges for 2 years of study to prepare for the Singapore-Cambridge General Certificate of Education Advanced Level (GCE A-Level) Examination or equivalent.

Apart from the formal school curriculum, students participate in Co-Curricular Activities (CCAs) which provide healthy recreation, and instil self-discipline, teamwork and confidence in them. The character development and physical growth of each child is hence provided for.

For secondary schools, the academic year consists of 4 terms of 10 weeks each, beginning on the first working weekday in January and ending in mid-November. For pre-university studies, the academic year begins in late January/early February and ends in mid-November.

## INSTRUCTIONS FOR APPLICANTS

Application should be made on the prescribed application form. Each applicant should submit only **ONE** application form, which must be accompanied by certified copies of your birth certificate; identity card or passport (if any); and result slips for the last two years. Applications submitted without the aforementioned certified copies will be deemed incomplete. Applications can be made online, or through hardcopy forms. **Please do not submit a hard copy application if you have chosen to apply online and vice versa.**

**Original documents that are not in English must be officially translated. The translations must be accompanied by a photocopy of the original documents.** Please **do not send** any original documents but these must be produced upon request at the time of interview.

Please read the following instructions carefully before completing the application form:

- Before you apply, ensure that you meet the eligibility criteria stated on page 16 of this application form
- All items in the application form must be completed. Write "NA" if the item is not applicable to you
- When filling in the boxes, please take note of the following:
  - Use CAPITAL letters
  - Write clearly in BLACK ink
  - Use one box for each number / letter, beginning with the first box
  - Leave a blank box after every word
- A recent passport-size photograph is to be pasted in the space provided in the application form
- Refer to the Sample of Completed Application Form (page 12 to 15) provided when completing the form
- Applications received after the closing date and incomplete forms will not be considered

**We regret that only short-listed candidates will be notified.**

# APPLICATION FORM ASEAN SCHOLARSHIPS

I am applying for scholarship at (Please tick the appropriate box)	
	Pre-University 1 Level [Brunei, Malaysia and Thailand]
	Secondary 3 Level
	Secondary 1 Level [Brunei and Malaysia]

<b>For Official Use</b>

Please read the "INSTRUCTIONS FOR APPLICANTS" and the information provided on pages 12 to 16 before completing the application form. **ALL ITEMS IN THE APPLICATION FORM MUST BE COMPLETED.** Write "NA" if the item is not applicable to you.

<b>Section I: Personal Particulars</b> (In Capital Letters)														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;"><b>Full Name</b> (Underline Surname)</td> <td rowspan="2" style="vertical-align: middle; padding: 5px;">Affix one (1) recent passport-sized photograph here (35mm x 45mm)</td> </tr> <tr> <td colspan="2" style="padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table> </td> </tr> </table>		<b>Full Name</b> (Underline Surname)		Affix one (1) recent passport-sized photograph here (35mm x 45mm)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>									
<b>Full Name</b> (Underline Surname)		Affix one (1) recent passport-sized photograph here (35mm x 45mm)												
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;"><b>Name in Chinese Character</b> (If any)</td> <td style="width: 20%; padding: 2px;"><b>Gender</b> Please tick the appropriate box <input type="checkbox"/> Male <input type="checkbox"/> Female</td> <td style="width: 20%; padding: 2px;"><b>Race</b></td> <td style="width: 20%; padding: 2px;"><b>Religion</b></td> <td style="width: 20%; padding: 2px;"><b>Citizenship</b></td> </tr> </table>	<b>Name in Chinese Character</b> (If any)	<b>Gender</b> Please tick the appropriate box <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race</b>	<b>Religion</b>	<b>Citizenship</b>									
<b>Name in Chinese Character</b> (If any)	<b>Gender</b> Please tick the appropriate box <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Race</b>	<b>Religion</b>	<b>Citizenship</b>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><b>Country of Birth</b></td> <td style="width: 50%; padding: 2px;"><b>Date of Birth</b> (DD- MMM- YYYY)</td> </tr> <tr> <td style="padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table> </td> <td style="padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> </table> </td> </tr> </table>	<b>Country of Birth</b>	<b>Date of Birth</b> (DD- MMM- YYYY)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> </table>								
<b>Country of Birth</b>	<b>Date of Birth</b> (DD- MMM- YYYY)													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> </table>											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"><b>Country of Residence</b></td> <td style="width: 50%; padding: 2px;"><b>Birth Certificate Number</b></td> </tr> <tr> <td style="padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table> </td> <td style="padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table> </td> </tr> </table>	<b>Country of Residence</b>	<b>Birth Certificate Number</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table>								
<b>Country of Residence</b>	<b>Birth Certificate Number</b>													
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 20px;"></td> <td style="width: 50%; height: 20px;"></td> </tr> </table>			<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table>											
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><b>Identity Card Number</b> (If any)</td> </tr> <tr> <td style="padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table> </td> </tr> </table>		<b>Identity Card Number</b> (If any)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table>											
<b>Identity Card Number</b> (If any)														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table>														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><b>Passport Number</b> (If any)</td> </tr> <tr> <td style="padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td style="padding: 2px;"><b>Date of Issue</b> (DD- MMM- YYYY)</td> <td style="padding: 2px;"><b>Date of Expiry</b> (DD- MMM- YYYY)</td> </tr> <tr> <td style="padding: 2px;"> <table style="width: 50%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> </table> </td> <td style="padding: 2px;"> <table style="width: 50%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> </table> </td> </tr> </table>		<b>Passport Number</b> (If any)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table>		<b>Date of Issue</b> (DD- MMM- YYYY)	<b>Date of Expiry</b> (DD- MMM- YYYY)	<table style="width: 50%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> </table>				<table style="width: 50%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> </table>			
<b>Passport Number</b> (If any)														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table>														
<b>Date of Issue</b> (DD- MMM- YYYY)	<b>Date of Expiry</b> (DD- MMM- YYYY)													
<table style="width: 50%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> </table>				<table style="width: 50%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> </table>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><b>Email Address (Compulsory)</b></td> </tr> <tr> <td style="padding: 2px;">As this will be used as a mode of communication, please ensure that the email address is correct and valid</td> </tr> <tr> <td style="padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table> </td> </tr> </table>		<b>Email Address (Compulsory)</b>	As this will be used as a mode of communication, please ensure that the email address is correct and valid	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table>										
<b>Email Address (Compulsory)</b>														
As this will be used as a mode of communication, please ensure that the email address is correct and valid														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"></td> </tr> </table>														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><b>Home Address</b></td> </tr> <tr> <td style="padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"></td> <td style="width: 20px; text-align: right;">Line 1</td> </tr> <tr> <td style="width: 100%; height: 20px;"></td> <td style="width: 20px; text-align: right;">Line 2</td> </tr> <tr> <td style="width: 100%; height: 20px;"></td> <td style="width: 20px; text-align: right;">Line 3</td> </tr> </table> </td> </tr> <tr> <td style="padding: 2px;">Province / State</td> <td style="padding: 2px;">Postal Code</td> </tr> <tr> <td style="padding: 2px;">Country</td> <td style="padding: 2px;"></td> </tr> </table>		<b>Home Address</b>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"></td> <td style="width: 20px; text-align: right;">Line 1</td> </tr> <tr> <td style="width: 100%; height: 20px;"></td> <td style="width: 20px; text-align: right;">Line 2</td> </tr> <tr> <td style="width: 100%; height: 20px;"></td> <td style="width: 20px; text-align: right;">Line 3</td> </tr> </table>		Line 1		Line 2		Line 3	Province / State	Postal Code	Country		
<b>Home Address</b>														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"></td> <td style="width: 20px; text-align: right;">Line 1</td> </tr> <tr> <td style="width: 100%; height: 20px;"></td> <td style="width: 20px; text-align: right;">Line 2</td> </tr> <tr> <td style="width: 100%; height: 20px;"></td> <td style="width: 20px; text-align: right;">Line 3</td> </tr> </table>		Line 1		Line 2		Line 3								
	Line 1													
	Line 2													
	Line 3													
Province / State	Postal Code													
Country														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><b>Postal Address</b> (If different from Home Address)</td> </tr> <tr> <td style="padding: 2px;"> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"></td> <td style="width: 20px; text-align: right;">Line 1</td> </tr> <tr> <td style="width: 100%; height: 20px;"></td> <td style="width: 20px; text-align: right;">Line 2</td> </tr> <tr> <td style="width: 100%; height: 20px;"></td> <td style="width: 20px; text-align: right;">Line 3</td> </tr> </table> </td> </tr> <tr> <td style="padding: 2px;">Province / State</td> <td style="padding: 2px;">Postal Code</td> </tr> <tr> <td style="padding: 2px;">Country</td> <td style="padding: 2px;"></td> </tr> </table>		<b>Postal Address</b> (If different from Home Address)	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"></td> <td style="width: 20px; text-align: right;">Line 1</td> </tr> <tr> <td style="width: 100%; height: 20px;"></td> <td style="width: 20px; text-align: right;">Line 2</td> </tr> <tr> <td style="width: 100%; height: 20px;"></td> <td style="width: 20px; text-align: right;">Line 3</td> </tr> </table>		Line 1		Line 2		Line 3	Province / State	Postal Code	Country		
<b>Postal Address</b> (If different from Home Address)														
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 100%; height: 20px;"></td> <td style="width: 20px; text-align: right;">Line 1</td> </tr> <tr> <td style="width: 100%; height: 20px;"></td> <td style="width: 20px; text-align: right;">Line 2</td> </tr> <tr> <td style="width: 100%; height: 20px;"></td> <td style="width: 20px; text-align: right;">Line 3</td> </tr> </table>		Line 1		Line 2		Line 3								
	Line 1													
	Line 2													
	Line 3													
Province / State	Postal Code													
Country														

Name of Applicant: \_\_\_\_\_ Country of Application: \_\_\_\_\_

<b>Home Telephone Number</b> Country Code    Area Code    Number <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> </tr> </table>																					<b>Mobile Phone Number (If any)</b> Country Code    Area Code    Number <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> </tr> </table>																				

**Have you previously applied for Permanent Residence (PR) in Singapore?**  
 Please tick the appropriate box

Yes

No

If yes, please indicate your SPR effective date (DD-MMM-YYYY) : \_\_\_\_\_

**Have you ever studied in Singapore before?**  
 Please tick the appropriate box

Yes

No

If yes, please indicate :

Name of school : \_\_\_\_\_

Period of studies (YYYY to YYYY) : \_\_\_\_\_

**Choice of Test / Interview Centre** (For candidates from Indonesia, Malaysia, Brunei and Vietnam only)  
 Please rank your choice of test/interview city by indicating "1" in the box next to your first choice and "2" in the box next to your second choice.

<b>Indonesia:</b> <input type="checkbox"/> Jakarta <input type="checkbox"/> Medan # <input type="checkbox"/> Surabaya #	<b>Malaysia &amp; Brunei:</b> <input type="checkbox"/> Kuala Lumpur <input type="checkbox"/> Kuching # <input type="checkbox"/> Kota Kinabalu #	<b>Vietnam:</b> <input type="checkbox"/> Hanoi <input type="checkbox"/> Ho Chi Minh City
--	--	--

# Test city will only be used if there are sufficient candidates.

**Candidates from Cambodia, Lao PDR, Myanmar, Thailand and The Philippines will be tested and interviewed in Phnom Penh, Vientiane, Yangon, Bangkok and Manila respectively.**

**Section II: Examination Results** (Please provide results for the final year examination of the last two years as required and attach a copy of your school's grading system)  
 If you have taken part in the national examinations (for e.g., UAN / UPSR / PSR / PT3 / PMB / SPM / GCE O-Levels), please enter your national examination results and your school's final year examination results the year before.

<b>Year of Examination</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">2</td> <td style="width:10%; border: 1px solid black; text-align: center;">0</td> <td style="width:10%; border: 1px solid black; text-align: center;"></td> <td style="width:10%; border: 1px solid black; text-align: center;"></td> <td style="width:10%; border: 1px solid black; text-align: center;"></td> <td style="width:10%; border: 1px solid black; text-align: center;"></td> </tr> </table>	2	0					<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; text-align: center;">2</td> <td style="width:10%; border: 1px solid black; text-align: center;">0</td> <td style="width:10%; border: 1px solid black; text-align: center;"></td> <td style="width:10%; border: 1px solid black; text-align: center;"></td> <td style="width:10%; border: 1px solid black; text-align: center;"></td> <td style="width:10%; border: 1px solid black; text-align: center;"></td> </tr> </table>	2	0				
2	0													
2	0													
<b>Level of Study</b>														
<b>Subject</b>	<b>Marks / Grade / GPA</b>	<b>Maximum Marks / GPA</b>	<b>Marks / Grade / GPA</b>	<b>Maximum Marks / GPA</b>										
English Language	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>				/	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>				/	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>			
Chinese Language	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>				/	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>				/	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>			
Mathematics	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>				/	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>				/	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>			
Additional Mathematics	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>				/	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>				/	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>			
Science	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>				/	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>				/	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>			
Biology	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>				/	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>				/	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>			
Chemistry	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>				/	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>				/	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> <td style="width:33%; border: 1px solid black; height: 20px;"></td> </tr> </table>			







Name of Applicant: \_\_\_\_\_

Country of Application: \_\_\_\_\_

**Mother's Particulars**

Highest Qualification Attained  
(Please tick the appropriate box)

Post Graduate Degree

Degree

Diploma

Secondary/High School

Primary

No Formal Schooling

Other Special Qualifications (Please specify : \_\_\_\_\_)

**Siblings' Particulars** (From the eldest to the youngest)

\* Delete whichever is inapplicable

Number of Brothers (B)

Number of Sisters (S)

Name 1

Relationship B / S\* Date of Birth (DD-MMM-YYYY)  -  -  Citizenship \_\_\_\_\_

Identity Card Number

Employer/ Company/ School

Occupation

Name 2

Relationship B / S\* Date of Birth (DD-MMM-YYYY)  -  -  Citizenship \_\_\_\_\_

Identity Card Number

Employer/ Company/ School

Occupation

Name 3

Relationship B / S\* Date of Birth (DD-MMM-YYYY)  -  -  Citizenship \_\_\_\_\_

Identity Card Number

Employer/ Company/ School

Occupation



Name of Applicant: \_\_\_\_\_

Country of Application: \_\_\_\_\_

**Siblings' Particulars** (From the eldest to the youngest)

\* Delete whichever is inapplicable

Name	4																														
Relationship	B / S*	Date of Birth (DD-MMM-YYYY)	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Citizenship	_____																			
Identity Card Number																															
Employer/ Company/ School																															
Occupation																															

**Section V: Outstanding Academic Achievements in the Past Two Years**  
(Scholarships, awards, book-prizes, etc.)

Type of Award	Year

**Section VI: Co-Curricular Activities in the Past Two Years**  
(Sports, games, scout/guide/cadet groups, clubs, societies, etc.)

Name of Activity	Level of Participation (National, State, School, Class)	Position Held (Captain, Member, etc.)	From Year to Year

Name of Applicant: \_\_\_\_\_

Country of Application: \_\_\_\_\_

**Section VII: Medical/Other Information**

\* Delete whichever is inapplicable

- 1 Have you previously applied for other scholarships (including the ASEAN Scholarships) to study in Singapore? \*Yes/No  
If yes, please give details below.

Name of Scholarship		Date of Application	
		Month	Year
School (If any)			
Outcome of Previous Scholarship Application (Please tick the appropriate box)			
In the midst of application:		Offered Scholarship:	
<input type="checkbox"/> Pending Shortlisting		<input type="checkbox"/> Accepted Scholarship	
<input type="checkbox"/> Pending Test		<input type="checkbox"/> Rejected Scholarship	
<input type="checkbox"/> Pending Interview		<input type="checkbox"/> Pending Acceptance	
<input type="checkbox"/> Pending Interview Outcome			
		Unsuccessful:	
		<input type="checkbox"/> Not Shortlisted for Test	
		<input type="checkbox"/> Not Shortlisted for Interview	
		<input type="checkbox"/> Not Awarded after Interview	

- 2 Have you ever been awarded a scholarship / award to study in Singapore and either rejected the award or had it terminated? If yes, please give details below. \*Yes/No

Name of Scholarship		School (If any)	
Reason for Rejection / Termination		Year of Award	

- 3 Have you ever suffered or are you currently suffering from any medical condition, illness, disease, mental illness or physical impairment? If yes, please give details below. \*Yes/No

---



---

- 4 Have you ever been charged in a court of law in any country? If yes, please give details below. \*Yes/No

---



---

- 5 Have any of your relatives been awarded scholarships to study in Singapore? If yes, please give details below. \*Yes/No

Name of Relative	Relationship	Name of Award	Country of Award	Period Held (YYYY-YYYY)

Name of Applicant: \_\_\_\_\_ Country of Application: \_\_\_\_\_

6 How did you come to know about the ASEAN Scholarships? (You may tick more than one)

- Newspaper
- Friends
- Relatives
- School/Teacher
- Internet
- Others (please specify) \_\_\_\_\_

7 From which newspaper did you or your contact read about the ASEAN Scholarships?

\_\_\_\_\_  
\_\_\_\_\_

**Section VIII: Declaration by Applicant and Parent / Guardian**

\* Delete whichever is inapplicable

**Applicant**

- 1 I declare that the particulars provided in this application are true and that I have not wilfully suppressed any material fact.
- 2 I understand that if any entry is false, my application will be rejected; and if I am awarded the scholarship, the award will be terminated.
- 3 Certified copies of the relevant documents required are attached.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**\* Parent / Guardian**

I, \*father / mother / guardian of \_\_\_\_\_, have no objection to my \*son / daughter / ward's application for the scholarships.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of \*Father / Mother / Guardian

\_\_\_\_\_  
Signature of \*Father / Mother / Guardian

**SAMPLE OF COMPLETED APPLICATION FORM**

**Section I: Personal Particulars (In Capital Letters)**

**Full Name (Underline Surname)**

Enter your full official name (as shown in your birth certificate / passport / identity card) and underline your surname or family name.

R	U	D	I	N	<u>R</u>	<u>A</u>	<u>O</u>										

Affix one (1) recent passport-sized photograph here (35mm x 45mm)

**Example**

If your name takes more than 58 boxes, please use suitable abbreviations.  
If you have more than one name, use only one of them.

<p><b>Name in Chinese Character (If any)</b></p> <p>If yes :- 鲁丁</p> <p>If no :- NA</p>	<p><b>Gender</b> Please tick the appropriate box.</p> <p><input checked="checked" type="checkbox"/> Male <input type="checkbox"/> Female</p>	<p><b>Race</b> Enter your race. Example: Indian, Chinese, etc.</p>	<p><b>Religion</b> Enter your religion. Example: Christian, Muslim, Hindu, Buddhist, Roman Catholic, Taoist, etc.</p>	<p><b>Citizenship</b> Enter your citizenship. Example: Thai, Indian, etc.</p>
---	--	--	---	---

**Country of Birth**  
Enter your country of Birth. Example: Vietnam, Malaysia, Brunei, Thailand, etc.

M	A	L	A	Y	S	I	A						
---	---	---	---	---	---	---	---	--	--	--	--	--	--

**Date of Birth (DD- MMM- YYYY)**  
Enter your date of birth in this order; Day, Month, Year. Example, if you were born on the first day of August 1999, you should enter:

0	1	-	A	U	G	-	1	9	9	9
---	---	---	---	---	---	---	---	---	---	---

**Country of Residence**  
Enter the country that you are staying in. Example: Vietnam, Malaysia, Brunei, Thailand, etc.

M	A	L	A	Y	S	I	A						
---	---	---	---	---	---	---	---	--	--	--	--	--	--

**Birth Certificate Number**  
Enter your Birth Certificate Number. Example, if your Birth Certificate Number is J123456, then you should enter:

B	1	2	3	4	5	6	7						
---	---	---	---	---	---	---	---	--	--	--	--	--	--

**Identity Card Number (If any)**  
Enter your Identity Card Number. If you do not have an identity card, please leave this part blank.

C	1	2	3	4	5	6	7								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

**Passport Number (If any)**  
Enter your Passport Card Number. If you do not have a passport, please leave this part blank.

P	1	2	3	4	5	6	7								
---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

**Date of Issue (DD-MMM-YYYY)**  
Enter the date of issue of your passport.

0	5	-	D	E	C	-	2	0	1	1
---	---	---	---	---	---	---	---	---	---	---

**Date of Expiry (DD-MMM-YYYY)**  
Enter the date of expiry of your passport.

0	4	-	D	E	C	-	2	0	1	6
---	---	---	---	---	---	---	---	---	---	---

**Email Address (Compulsory)**  
As this will be used as a mode of communication, please ensure that the email address is correct and valid.

A	B	C	@	Y	A	H	O	O	.	C	O	M								
---	---	---	---	---	---	---	---	---	---	---	---	---	--	--	--	--	--	--	--	--

**Home Address**  
Enter your home address and country. Leave a blank space between words and use commas to distinguish between different parts of your address. Do not break a word into two lines.

N	O	.	8	8	A	B	C	R	O	A	D	#	0	2	-	3	4	5						Line 1
																							Line 2	
																							Line 3	
Province / State	M A L A C C A										Postal Code	1 2 3 4 5												
Country	M A L A Y S I A																							

**Postal Address (If different from Home Address)**  
Give your mailing or postal address if it is different from your home address. If not, then leave this part empty.

N	O	.	8	8	A	B	C	R	O	A	D	#	0	6	-	7	8	9						Line 1
																							Line 2	
																							Line 3	
Province / State	M A L A C C A										Postal Code	1 2 3 4 5												
Country	M A L A Y S I A																							

Name of Applicant: RUDIN RAO

Country of Application: MALAYSIA

**Home Telephone Number**

Enter your home telephone number, including country & area codes

Country Code		Area Code		Number								
6	0	6				1	2	3	4	5	6	7

**Mobile Phone Number (If any)**

Enter your mobile number, including country & area codes

Country Code		Area Code		Number									
6	0					1	2	3	4	5	6	7	8

**Have you previously applied for Permanent Residence (PR) in Singapore?**

Please tick the appropriate box

Yes

No

If yes, please indicate your SPR effective date (DD-MMM-YYYY) : \_\_\_\_\_

**Have you ever studied in Singapore before?**

Please tick the appropriate box

Yes

No

If yes, please indicate :

Name of school : \_\_\_\_\_

Period of studies (YYYY to YYYY) : \_\_\_\_\_

**Choice of Test/ Interview Centre (For candidates from Indonesia, Malaysia, Brunei and Vietnam only)**

Please rank your choice of test city by indicating "1" in the box next to your first choice test / interview city and "2" in the box next to your second choice test / interview city.

**Indonesia:**

Jakarta

Singapore #

Medan #

Surabaya #

**Malaysia & Brunei:**

2 Kuala Lumpur

Penang #

Kuching #

1 Singapore

Kota Kinabalu #

**Vietnam:**

Hanoi

Ho Chi Minh City #

# Test city will only be used if there are sufficient candidates.

**Candidates from Cambodia, Lao PDR, Myanmar, Thailand and The Philippines will be tested and interviewed in Phnom Penh, Vientiane, Yangon, Bangkok and Manila respectively.**

**Section II: Examination Results** (Please provide results for the final year results of the last two years as required and attach a copy of your school's grading system)

If you have taken part in the national examinations (for e.g., UAN / UPSR / PSR / PT3 / PMB / SPM / GCE O-Levels), please enter your national examination results and your school's final year examination results the year before.

Example:

	Marks	or	Grade	or	GPA
<b>Year of Examination</b>	2 0 1 3		2 0 1 4		2 0 1 4
<b>Level of Study</b>	FORM 4		SPM		MATHAYOM 3
<b>Subject</b>	<b>Marks / Grade / GPA</b> / <b>Maximum Marks / GPA</b>		<b>Marks / Grade / GPA</b> / <b>Maximum Marks / GPA</b>		<b>Marks / Grade / GPA</b> / <b>Maximum Marks / GPA</b>
English Language	9 0 / 1 0 0		A + /		3 5 5 / 4 0 0
Mathematics	1 2 5 / 1 5 0		A /		4 0 0 / 4 0 0
Science	1 8 5 / 2 0 0		B + /		3 9 0 / 4 0 0
<b>Class Position</b>	Class: ( 5 / 40 )				
<b>Level Position</b>	Level: ( 23 / 1000 )				

**Section III: Educational Background**

Enter the names of your previous and current schools in chronological order. For each school listed, tick the type of school and enter the language medium, the highest standard passed and the period of study.

Current School		Type of School	Language Medium	Level of Study	Date Admitted (MMM-YYYY)	
1 N E W A B C I N T E R N A T I O N A L S C H O O L		<input type="checkbox"/> Government / Public <input type="checkbox"/> Private <input checked="" type="checkbox"/> International <input type="checkbox"/> Independent	ENGLISH	LOWER SECONDARY	MAY-2012	
<b>Current Level</b>	Grade _____ / Standard _____ / Mathayom _____ / Year _____ / Form _____ / Primary _____ / Completed GCE _____					
Name of Primary/Secondary Schools (In chronological order)		Type of School	Language Medium	Level of Study	Period of Study (MMM-YYYY)	
2 S A N P U B L I C S C H O O L		<input checked="" type="checkbox"/> Government / Public <input type="checkbox"/> Private <input type="checkbox"/> International <input type="checkbox"/> Independent	MALAY	PRIMARY	From MAY-2006	To MAR-2012

**Section IV: Family Background**

**\* Father's / Guardian's Particulars and Mother's Particulars**

\* Delete whichever is inapplicable

Enter your parents' / guardian's name, contact number, email, citizenship, country of PR, identity card number, occupation, employers/ businesses, occupational field/sector and the highest qualification level attained in the boxes provided. Enter also their date of birth. Example, if the date of birth is 30<sup>th</sup> December 1961, you should enter:

Date of Birth (DD-MMM-YYYY)   -    -

**Siblings' Particulars**

Enter the particulars of your siblings from the eldest to the youngest. Enter the number of brothers and sisters you have in the boxes provided. Relationship: B- Brother, S- Sister Example:

**Siblings' Particulars** (From the eldest to the youngest) Number of Brothers (B)   Number of Sisters (S)

\* Delete whichever is inapplicable

Name 1

Relationship B / S\*  /  Date of Birth (DD-MMM-YYYY)   -    -     Citizenship MALAYSIAN

Identity Card Number

Employer/ Company/ School

Occupation

**Section V: Outstanding Academic Achievements in the Past Two Years** (Scholarships, awards, book-prizes, etc.)  
Enter the details (if any) of any outstanding academic performance for the last two years and the year you achieved them.

**Section VI: Co-Curricular Activities in the Past Two Years** (Sports, games, scout/guide/cadet groups, clubs, societies, etc.)  
Enter the details (if any) of your participation in co-curricular activities, position held and the year of participation.

**Section VII: Medical/Other Information**  
This section must be completed.

**Section VIII: Declaration by Applicant and Parent / Guardian**  
This section must be signed by applicant and parent or guardian.

Completed application form, together with certified copies of your birth certificate; identity card or passport (if any); and result slips for the last two years, should be sent directly to and reach Singapore Ministry of Education at the following address before the application closing date:

**ASEAN SCHOLARSHIPS (please indicate country of application)**

Ministry of Education  
School Placement and Scholarships Branch  
Recruitment Section  
1 North Buona Vista Drive  
Singapore 138675

Example:

**ASEAN SCHOLARSHIPS (MALAYSIA)**

Ministry of Education  
School Placement and Scholarships Branch  
Recruitment Section  
1 North Buona Vista Drive  
Singapore 138675

**Applications received after the closing date and incomplete forms will not be considered.**