

27A Jubilee Road
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Singapore's Christian International School

Family Information

Family Name	Father's First Name	Mother's First Name
_____	_____	_____
Residential Address in Singapore:		Other Address (if applicable):
_____		_____
_____		_____
_____		_____
Home Phone:	Work Phone:	HP:
_____	_____	_____
Fax:	Email:	
_____	_____	

The following must be attached for this application to be considered

- An official income statement from an employer and/or a recent income tax return.
- (First time applications only) A letter from your missions / ministry organization stating that you are employed in Singapore in full-time Christian ministry.

Income Verification Attached:

Missions / Ministry Letter Attached:

Financial assistance is provided to help those families who have a genuine need for assistance to pay tuition expenses. The school's resources for such financial assistance are limited and the primary responsibility for the payment of school fees lies with the family. This application allows the Financial Assistance Committee to review the needs of the applicants and to provide assistance, as funds are available. All information obtained through this application will be held in strict confidence. It is ICS policy that priority for financial assistance is given to full-time missionaries, pastors, or vocational Christian workers. For other families, financial assistance will only be considered as funds allow.

ICS is committed to maintaining the confidentiality of all information provided by you and undertakes not to divulge any of this information to any third party without your consent. ICS will not disclose any personal information without your consent unless otherwise authorized by law. ICS will not disclose any personal information to third parties for marketing purposes.

Revision: 2018.02.19

Employment & Income Information

List funds in Singapore Dollars

	<u>Husband:</u>	<u>Wife:</u>
Employer's Name:	_____	_____
Employer's Address	_____	_____
	_____	_____
Employer's Telephone number	_____	_____
Position/Title of Employee:	_____	_____
Singapore IC/FIN Number or Passport and Expiry Date:	_____	_____
Monthly Salary in Sing. \$	_____	_____
Monthly Medical Benefit	_____	_____
Monthly Educational Allowance	_____	_____
Monthly Housing Allowance	_____	_____
or		
Housing Provided by Company	Yes___ No ___	
Monthly Car Allowance	_____	_____
or		
Car provided by Company	Yes___ No___	
Other Income	_____	_____
(List any support funds / income received from other sources including overseas income)		
Estimate Total Family Liquid Assets (savings, checking, stocks, bonds, etc)		_____

OTHER INFORMATION RELATED TO INCOME OR FINANCES:

How long do you intend to stay in Singapore? _____

Please list all children enrolled or applying to ICS:

Family Name of Child	Given Name	Date of Birth (DD/MM/YYYY)	Sex M/F	Current Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Please list any children NOT attending ICS

Include pre-school and college students

Family Name of Child	Given Name	Date of Birth (DD/MM/YYYY)	Sex M/F	Current Grade
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

ICS is a caring community and believes in each member contributing to our success. Financial Assistance recipients are required to contribute a minimum of 5 service hours for each 10% tuition discount assistance awarded.

Please indicate your area(s) of availability:

Classroom Assistance ____ ECA's ____ HS Play Set Construction ____
 Playground Assistance ____ Lunch Duty ____ PATH ____ (Parents As Teacher's Helpers)

We certify that all information provided by us is correct and complete. We understand that inaccurate or incomplete information could jeopardize the awarding of financial assistance. We authorize ICS to make any necessary inquiries that it deems appropriate for the purpose of evaluating our application.

 Father's Signature Date Mother's Signature Date

ICS OFFICE USE ONLY

Date Received: _____ Date Reviewed: _____ Amount of Grant: _____ Date of Notification: _____