

SMOU Upturn The Downturn Fund Application Form

75 Jellicoe Road #02-01 Wavelink Building Singapore 208738
 Tel: (65) 6396 0123 Fax: (65) 6396 5545 Website: www.smou.org.sg

Members' Particulars	
Name _____	SMOU Membership No _____
<i>* Only Name and membership number is required to be filled up. Leave the rest of the blank space for official use.</i>	

Type of Assistance	
<p>Education Assistance For Members' Children Fund <input type="checkbox"/></p> <p>Please indicate in () the current school level</p> <p>Primary ()</p> <p>Secondary ()</p> <p>ITE ()</p> <p>Pre-U / Junior College ()</p> <p>Polytechnic ()</p> <p>University ()</p>	<p>Others <input type="checkbox"/></p> <p>Please tick in () for the type of fund you wish to apply.</p> <p>Training Assistance () (WMI & WA course subsidy)</p> <p>Grocery Assistance () (NTUC Fairprice Voucher)</p>

Particulars of Child Applying for Education Assistance				
Name in Block Letters (As per NRIC / Birth Cert.)		Chinese Character (If Applicable)		NRIC No. or Birth Cert. No.
Current School Attending	Full Course Duration (For University Student only) No. of Years :	Current Year Standard	Age	Sex MALE / FEMALE

Family Particulars (Spouse, children, parent i.e. dependent)**Compulsory For all** family member staying in the same household – Please submit salary payslip or a copy of CPF statement for those who are not working and/or any other document that is requested by the committee

Name	Relationship to Member	Age	Sex	School or Place of Work	Education Level or Occupation	Monthly Salary (If working)

Employment Status: Sailing / working Shore / Retrenched & Unemployed (Pls fill in the no. of month/s) _____
(Please underline the status)

Name of Employer (for applicant only, if any): _____

Address of Employer : _____

Occupation: _____ Gross Monthly Income : _____

(i) Total monthly gross household income (including applicant and family members) : _____

(ii) No. of persons living in the same household (including this applicant) : _____

Others

Are you currently applying for any other assistance fund program from other organisation ? YES / NO

IF YES, Please specify:

Organisation	Type of assistance	Amount given (S\$)
_____	_____	_____
_____	_____	_____

Declaration

I declare that the particulars stated in this application are true and that I have not wilfully suppressed any material fact.

I am the only applicant submitting for my family and we have not made any similar application to the any others councils or Community Centre / Clubs.

Signature of Applicant_____
Date