

# Singapore Nurses Association Bursary Award (For Nurses)

Application Form



## INSTRUCTIONS :

1. Complete the form in FULL and submit with  
“Certified true copies” of relevant documents to :

*Secretariat  
SNA Bursary Award  
(For Nurses)  
SNA House  
77 Maude Road, Singapore 208353  
Tel : (+65) 6392 0770*

Please affix  
passport size  
photograph  
here

## 1. PERSONAL PARTICULARS

Full Name (as in NRIC/ Passport) <u>Underline Surname</u>		NRIC No.	
Mr/Mrs/Miss/ Mdm*		Colour of IC: Pink/ Blue*	
Address		Marital Status	
Postal Code (        )		Married/ Single*	
Current Employment Institution		Current Position Held	
Telephone Number (H)                                (O)	Date of Birth		Gender Male/ Female*
	Place of Birth		Ethnicity
(HP)			
Email Address		Citizenship	
Employment Pass No. (Please attach certified true photocopy)		Date of Issue	Expiry Date
Passport No.	Country of Issue	Date of Issue	Expiry Date

**\*Delete where applicable**

## 2. COURSE OF INTENDED STUDY

Name of Course	<input type="checkbox"/> Full time <input type="checkbox"/> Part Time	<input type="checkbox"/> Local <input type="checkbox"/> Overseas <input type="checkbox"/> Distance Learning
Institution	Duration of Course	Course Fees      Commencement Date
Have you secured a place on the course? <input type="checkbox"/> Yes (Please attach Letter of Acceptance) <input type="checkbox"/> No (State reasons Why? _____)		

**3. ACADEMIC / PROFESSIONAL QUALIFICATIONS** *(Please attach supporting documents)*

Institution/ Country	Period		Qualifications Attained
	From	To	

**4. EMPLOYMENT RECORD** *(Within the last 5 years) - Please attach testimonials*

Name & Address of Employer	Job Title/ Department	From	To

**5. AWARDS** *(Please attach supporting documents)*

Name of Award	Date	Contents of Award

**6. EXPLAIN WHY YOU WISH TO UNDERTAKE THE COURSE IN TERMS OF :**

(a) The relevance of the course to you

(b) The benefits you hope to gain from the course

(c) The application of knowledge and skills gained from the course to develop your career in healthcare

## 7. OTHER INFORMATION

1. Have you applied / are you applying to any other organisations for financial support? If yes, which one(s) and what was the outcome?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Do you have any obligation to any organisation in terms of bond, scholarship, study loans, etc.? If yes, please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do you suffer from any impairment or disease including mental illness, deafness, handicap, colour blindness, etc? If yes, please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you ever been convicted in a Court of Law in any country? If yes, please give details.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you been awarded with any Bursary Award previously? If yes, please give details, and the year awarded.	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 8. DECLARATION

Please read carefully and sign and date the following:

- I hereby declare that the information given above is true and complete.
- I understand that any false statement made by me on this application or any supplement thereto will be sufficient for disqualification of the application. The wilful suppression of any material fact will be similarly penalised.
- I understand that all information provided in connection with this application is subjected to verification.
- I understand that if I withdraw during the said term of studies, funds received will be retrieved and become my responsibility.
- I understand that if I fail to meet the requirements of the course for successful completion of the course, funds received will be retrieved and become my responsibility.
- I am not a bankrupt.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**For Official Use :**