

This form may take 10 minutes for you to complete. Please read the Eligibility Criteria below before you complete the form.

## ST. ANTHONY'S CANOSSIAN SECONDARY SCHOOL (SACSS) CARE FUND

SACSS Care Fund provides short to medium term additional financial aid to students in SACSS who are under the school's financial assistance scheme.

### Eligibility Criteria:

- Beneficiaries of the school financial assistance scheme, including **Ministry of Education (MOE) Financial Assistance Scheme (FAS), non-MOE FAS or Saint Magdalene-MILK Bursary (MILK) and other similar financial assistance schemes that SACSS has in place with external organisations.**
- Open to **Singapore Citizen, Permanent Residents and International Students** who meets the eligibility criteria which include:
  - Family must have school going children;
  - Family must have limited financial resources (**gross household income is \$2000 or below; or their per capita income is at \$650 or below** due to loss of jobs, pay-cuts and chronic medical conditions or physical impairment that make it difficult to gain employment) and
  - meets the minimum of 80% school attendance by the students.
- Provide documentary **proof on the loss of income, medical certificates or family debt due to extenuating circumstances.**

### Processes and Approval of Application:

- Requests are to be submitted through this form which contain all necessary information to allow the requests to be properly evaluated.
- Recommendations on the number of months of financial support for approval as well as any additional response and referral will be evaluated by the SACSS Care Fund Panel Committee.
- Applicant will receive a disbursement \$300 grocery voucher for a period of 3 months or 6 months for each approved application.
- Any further provisions, besides those listed above, will be considered on a case by case basis.

## **SECTION I:**

Are you currently under SACSS's Financial Assistance Scheme (FAS)?

Yes

No

Which Financial Assistant Scheme are you on?

MOE - FAS

ST Magdalene-MILK Bursary

Other : \_\_\_\_\_

### **Student Details:**

Name of Student	Current Year Class	Date of Birth (DD-MM-YYYY)	Nationality
Home Address:			

**Applicant Details:**

Applicant's Full Name:	Relationship with Student:
Email Address:	Contact Number:

**SECTION II:**

**Hardship Criteria:**

- Loss of Income
- Chronic Medical Condition of family members
- Family debt due to extenuating circumstances
- Permanent disabilities of breadwinner
- Physical impairment
- Other (please indicate) : \_\_\_\_\_

**Brief Explanation:** *Briefly tell us the hardship the family is currently facing. You may also choose to attach your explanation to this form instead.*

**Duration of Financial Assistance Needed?** \_\_\_\_\_

**For School Use**

i) Does the student meet 80% of school attendance?

Yes       No       Other: \_\_\_\_\_

ii) General Office :

**Eligibility of student?** Yes / No (please circle)

Reason(s) for eligibility or non-eligibility:

\_\_\_\_\_  
Name of Processing Officer

\_\_\_\_\_  
Signature & Date

iii) Year Head/Assistant Year Head:

**Eligibility of student?** Yes / No (please circle)

Reason(s) for eligibility or non-eligibility:

\_\_\_\_\_  
Name of Recommending Officer

\_\_\_\_\_  
Signature & Date

iv) Principal / Vice-Principal:

Recommendations on the number of months of financial support.

3 Months       6 Months       Other: \_\_\_\_\_

**Final Approval:**               Yes               No

\_\_\_\_\_  
Name of Approver

\_\_\_\_\_  
Signature & Date