SALEM–Immanuel Lutheran College Careers Guidance Unit (2016-2017) Career and Life Planning Grant Application Form

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I would like to apply for the Career and Life Planning Grant. My child's particulars and the details of the activity that my child has taken are as follows.

Name:	Class:	Class No.:		
Title of activity				
Activity organized by				
Date of activity				
Amount of Fee				
Teacher who are responsible for the activity	ty			
Signature of the teacher				
 (Please ✓ the appropriate box or boxes.) (1) ☐ I would like to apply for the Career and Life Planning Grant. (2) I receive one of the following subsidies. ☐ Comprehensive Social Security Assistance ☐ Full Paid from Book Subsidy Scheme ☐ Half Paid from Book Subsidy Scheme (3) ☐ I do not receive any of the subsidies stated above. However, my family is facing financial difficulty. The situation is as follows. 				
(Recommended by the class teached	er:The	teacher's signature:)		
Name of parent:		Signature of parent:		
Parent's contact number: Date of application: (Please submit your application to Ms Sun Yu Jia by 7 th July, 2017. The result will be released by 14 th July, 2017. Applicants who cannot submit receipt of payment or proof of participation before the deadline for application can apply from 4 th September, 2017 to 8 th September, 2017.)				
For Official Use				
 □ Application approved, approved amount Reason: □ Basic subsidy □ Comprehensive Social Security Assistant □ Full Paid from Book Subsidy Scheme □ Half Paid from Book Subsidy Scheme □ Others: □ Application not approved 		Approved by: Signature: Date of approval:		