## APPLICATION FOR SUBSIDY FOR PURCHASE OF PERSONAL LEARNING DEVICE (PLD)

This application is open to all students whose Gross Household Income (GHI)  $\leq$  \$4,400 or Per Capita Income (PCI)  $\leq$  \$1,100. PCI is GHI divided by the number of household members. Students on MOE Financial Assistance Scheme do not need to apply for this as they will automatically be granted the subsidy by the school.

## **Section I: Particulars of Student**

Application for Subsidy:

Approved Subsidy Amount (S\$):

Name & Designation

Approval/Rejection Reason:

Please indicate the details of the student applying for subsidy.

Name Relationship Filty Other ID No. (Last 4 digits only)  Income (in S\$)		Name (Underli	ne Surname)	Birth Cert / N	IRIC / FIN No.	Level / Class	
Relationship FIN / Other ID No. (Last 4 digits only)    Cocupation   C	leas ouse aysl mple	e include details of the student. ip or past 3 months oper certifying gross in	the <u>parents, unma</u> For household mer CPF transactions c ncome (where app	rried siblings and gr mbers who are emplo or latest Income Tax licable). Any other o	yed/self-employ Notice of Asses	red, please include the ssment, or a letter fror	
Total Gross Household Income:    Total Gross Household Income:	S/ N	Name	Relationship	FIN / Other ID No. (Last 4 digits	Occupation		
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Total Gross Household Income:    Total Gross Household Income:	2						
Total Gross Household Income:    Total Gross Household Income:							
Total Gross Household Income:    Total Gross Household Income:							
Total Gross Household Income:    Comparison of the information provided above is true and correct. I undertake to refund the value of beneficiented by my child / ward * if any of the information is found to be false later.    Name and Signature of Parent / Guardian*   Date							
Total Gross Household Income:  declare that the information provided above is true and correct. I undertake to refund the value of beneficieved by my child / ward * if any of the information is found to be false later.  Name and Signature of Parent / Guardian*  Date  To delete whichever is appropriate  OR OFFICIAL USE ONLY  The Approving Authority will approve or reject the recommendation. For rejected cases or cases approved the eviation from the established eligibility criteria, the Approving Authority must provide reasons below.	<u>7</u>						
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	_	or Con Income (Cft)			-		

Approved /

Rejected

From Opportunity Fund/Education Fund

Date

Signature