

CONTACT DETAILS

Name & Signature: _____ Tel: _____

Relationship to child: _____ Email: _____

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FOR EDUCATIONAL THERAPIST

Name of Ed T: _____

Student's current MAP Class Day: _____ Time: _____

Day: _____ Time: _____

Comments on student's ability, needs and behaviour:

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BURSARY APPLICATION

Please indicate if you will be applying for a bursary. YES NO

Please note and tick:

1. The bursary is ONLY applicable for current MAP students.
2. The bursary is available for ONE programme. An additional bursary can ONLY be applied for SDA or STP programme.
3. I/We give consent to the DAS to share our names and my child's progress with donors who support this bursary.

I have read and understood the bursary terms as above.

FOR OFFICIAL USE ONLY

Current MAP bursary percentage

100%	90%	70%	50%	33%
MATHS	EES	CHIN	SDA	SLT

Existing SES 3rd Hour Programme YES NO

% Awarded _____ Start Date _____

APPROVED _____ REJECTED _____

Authorized by : _____

Date app received via SES Admin	
Date app received via LC	
Date app submitted to the Supervisor	
Date app approved by Supervisor	

REMARKS:

LEGEND

AMK Ang Mo Kio	BDK Bedok	BJ8 Bishan	CCK Chua Chu Kang
CTP Chinatown Point	JPT Jurong Point	PWP Parkway Parade	QTN Queenstown
REX Rex House	SKG Sengkang	SRN Serangoon	TPN Tampines
WDL Woodlands	YSH Yishun		