

# **STTA YOUTH DEVELOPMENT BURSARY**

## **OBJECTIVE**

1. To provide financial assistance to talented young athletes from needy families so as to help defray the cost of training in the STTA Junior Development Squad, Youth Training Squad or Intermediate Squad programs.

## **QUANTUM**

2. Up to 20 bursaries shall be awarded annually.
3. Each bursary recipient can receive up to \$214 (inclusive of GST) per month for up to one calendar year (1<sup>st</sup> Jan 2019 to 31<sup>st</sup> Dec 2019) to defray against the respective STTA monthly training fees.

## **ELIGIBILITY**

Bursary recipient must qualify for all the conditions listed below in point 4 to point 9:

4. Singapore Citizen,
5. A player from STTA Junior Development Squad, Youth Training Squad or Intermediate Squad,
6. Not a full-time Table Tennis National Player,
7. Household monthly income per person<sup>#</sup> less than \$800,
8. Not receiving any other financial assistance<sup>^</sup> related to table tennis, and
9. Not receiving private training sessions in table tennis sports for which fees are payable.

## **APPLICATION FOR BURSARY**

10. Parent or legal guardian of applicant can apply for the subsidy by submitting the duly completed hardcopy application form to STTA office on or before 31st August 2018, 5pm.
11. The application form can be downloaded from the STTA website. ([www.stta.org.sg](http://www.stta.org.sg))
12. Successful recipient will be informed via email on or before 30<sup>th</sup> November 2018.

## **SELECTION CRITERIA**

13. All applicants will be assessed holistically.
14. This includes the applicant's:
  - a. Result in local and/or international tournaments.
  - b. Conduct and/or attitude in school.
  - c. Conduct during training and competitions.
15. STTA reserves the right to award the bursaries in its absolute discretion, and the decision on the selection outcome is final.

<sup>#</sup> Household monthly income per person is calculated by taking the total gross household monthly income divided by the total number of family members living together under the same address.

<sup>^</sup> Recipient of STTA Overseas Training & Competition Subsidy is allowed to apply for this bursary.

## **OTHER CONDITIONS**

16. The bursary will be withdrawn immediately, if the recipient, at any time,
  - fails to satisfy the eligibility conditions stated in point 4 to 9,
  - fails to adhere to STTA rules, regulations or instructions,
  - fails to maintain proper discipline,
  - engages in any misconduct, or
  - brings disrepute to STTA or the Table Tennis sport.
  
17. If any information provided during the application is false or inaccurate, the parent or legal guardian of the subsidy beneficiary is also liable to repay the full bursary amount received and any administrative expenses incurred by STTA.
  
18. STTA has the right to make any amendments to the terms and conditions of this Bursary without prior notice.

**STTA YOUTH DEVELOPMENT BURSARY**  
**APPLICATION FORM**

**INSTRUCTIONS**

1. Please ensure that all sections are duly completed.
2. Kindly note that incomplete application will be rejected.
3. All hardcopy application forms should reach STTA Toa Payoh Office by 5pm, 31<sup>st</sup> August 2018.
4. Late submission will be rejected.

**OTHER DOCUMENTS REQUIRED**

5. 1 x Passport Photo of applicant
6. 1 x Photocopy of the NRIC, Birth Certificate or Passport of applicant
7. 1 x Photocopy of the NRIC or Passport of the parent or legal guardian filing the application
8. 1 x Photocopy of the following documents from **all** person(s) receiving an income in the family living together with the applicant under the same address:
  - a. most recent Notice of Assessment from Inland Revenue Authority of Singapore, and
  - b. most recent 3 month salary slip
9. 1 x Photocopy of all pages of the applicant's school report book.

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**APPLICATION FORM**

**1. Important Notes**

Submission Deadline	5pm, 31st August 2018
Submission Location	STTA office at Toa Payoh, 297C Lorong 6 Toa Payoh, Singapore 319389
Submission Mode	Hardcopy submission only.

**2. Personal Particulars (Applicant)**

Name	
NRIC / Birth Certificate Number	
Citizenship	(Name of country)

**3. Personal Particulars (Applicant's Parent / Legal Guardian)**

Name		
NRIC / FIN Number		
Relation to Subsidy Applicant		
Contact Number		
Email		
Current residential address	Postal Code (      )	
Residential address property type Please tick one:	Residential Property ownership. Please tick one:	
<input type="checkbox"/> HDB ____ room flat	<input type="checkbox"/> Rented	
<input type="checkbox"/> Condo	<input type="checkbox"/> Owned by family member	
<input type="checkbox"/> Semi Detached	<input type="checkbox"/> Not owned by family member. Please provide more information on property ownership: _____	
<input type="checkbox"/> Others: _____		
Total number properties*, including the current residential property, owned by Applicant's Parent / Legal Guardian in Singapore <u>and</u> overseas.	_____ Please write down the number of properties. Write "Nil" if there is none.	

\*includes residential, commercial, industrial or any other kinds of properties units / buildings, and vacant plots of land in Singapore and other countries.

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**4. Declaration by Parent / Legal Guardian of the applicant**

Applicant's current training program with STTA	Please tick one:  <div style="text-align: center;"> <input type="checkbox"/> JDS    <input type="checkbox"/> YTS    <input type="checkbox"/> SWS    <input type="checkbox"/> IS         </div>								
Applicant's household monthly income per person	<p>Q1: How many family members are with the applicant living under the same address?</p> <p>_____ family members</p> <p>Q2: What is the total gross household monthly income<sup>^</sup> (based on most recent month)?</p> <p>\$ _____</p> <p>Q3: What is the household monthly income per person? (Q2 divided by Q1)</p> <p>\$ _____</p>								
Is applicant receiving any other financial assistance <u>related</u> to table tennis?	<p>Please circle the right answer:</p> <p>Yes / No</p> <p>If the answer is yes, please list down the financial assistance(s) received below?</p>								
Other than table tennis training with STTA, has the applicant received any other table tennis coaching or training in the past 12 months?	<p>Please circle the right answer:</p> <p>Yes / No</p> <p>If the answer is "Yes", please provide the additional table tennis training or coaching information below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Name of coach</td> <td style="padding: 2px;">Eg. Coach Chen Liang or JSK Table Tennis Academy</td> </tr> <tr> <td style="padding: 2px;">Training frequency</td> <td style="padding: 2px;">Eg. 2 lessons a week. 2 hour for each lesson.</td> </tr> <tr> <td style="padding: 2px;">Training location</td> <td style="padding: 2px;">Eg. Bedok Sports Centre</td> </tr> <tr> <td style="padding: 2px;">Fees</td> <td style="padding: 2px;">Eg. \$60 per hour.</td> </tr> </table>	Name of coach	Eg. Coach Chen Liang or JSK Table Tennis Academy	Training frequency	Eg. 2 lessons a week. 2 hour for each lesson.	Training location	Eg. Bedok Sports Centre	Fees	Eg. \$60 per hour.
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<sup>^</sup> Total gross household monthly income is the sum of all sources of income per month by all family members living in the same address with the applicant.

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**5. Notable table tennis tournament results achieved**

Year	Tournaments / Competitions	Result

Note: Write down achievements on a separate A4 paper if necessary and then attach it to the form.

**6. Declaration**

I, (Name of Parent / Guardian) \_\_\_\_\_, (NRIC / FIN) \_\_\_\_\_ hereby declare that all the information provided in this form is true, correct and accurate to the best of my knowledge. I understand and acknowledge that if any of the information provided in this form is false or inaccurate, I shall be liable to repay in full the bursary amount received and any additional administrative expenses incurred by STTA.

Signature of Parent / Guardian & Date	_____ Sign here
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Cut along this

**7. Receipt of STTA Youth Development Bursary Application Form**

Date of Receipt at STTA Toa Payoh Office	(dd/mm/yyyy)
Name of STTA Employee	
Name of Applicant	
Signature of STTA Employee	
STTA Company Stamp	