

Please note that for appeal under Category 3, parent has to fill up Annex 2B and to submit relevant supporting document to support the appeal. Thank you in advance for your kind cooperation.

Annex 2A

## STUDENT CARE FEE ASSISTANCE (SCFA) APPEAL FORM

TO BE COMPLETED BY APPLICANT	
Name of Child (benefiting from subsidies) :	Birth Certificate No. :
Name of Applicant (as in NRIC) :	Contact No: (H) _____ (O) _____ (HP) _____
<b>Applicant is submitting an appeal under the following (Please tick where relevant):</b>	
<input type="checkbox"/>	Category 1: Lack of supporting documents or appeal for Start-Up Grant (SUG).
<input type="checkbox"/>	Category 2a: Applicant is supporting children, parents or grandparents not living together in the same household/ Children, parents or grandparents living with applicant but earning income.
<input type="checkbox"/>	Category 2b: Other relatives with special needs whom applicant is supporting.
<input type="checkbox"/>	Category 3: Other extenuating circumstances.

CATEGORY 1: REASONS FOR APPEAL DUE TO LACK OF DOCUMENTS/ APPEAL FOR START-UP GRANT

CATEGORY 2 (a): CHILDREN, PARENTS OR GRANDPARENTS (i) NOT LIVING TOGETHER WITHIN THE SAME HOUSEHOLD (ii) LIVING WITH APPLICANT BUT EARNING INCOME						
	Name of Dependent/s	NRIC	Relationship to Child Benefiting from Subsidies	Work Status <small>(retired/ unemployed/ undergoing training/ looking for work/ serving NS/ schooling)</small>	Gross Monthly Income (\$) <small>(Please indicate \$0 for nil income)</small>	Applicant's Monthly Financial Support (\$)
1						
2						
3						
4						
CATEGORY 2 (a) : REASONS FOR APPEAL (Please provide relevant supporting documents such as NRIC/s or BC/s of dependent/s, medical documents, household bills, income statements of dependent/s)						

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**CATEGORY 2 (b) : OTHER RELATIVES WITH SPECIAL NEEDS WHOM APPLICANT IS SUPPORTING**

	Name of Dependent/s	NRIC	Relationship to Child Benefiting from Subsidies	Applicant's Monthly Financial Support* (\$)
1				
2				

**CATEGORY 2 (b) : REASONS FOR APPEAL** (Please provide relevant supporting documents such as NRIC/s or BC/s of dependent/s, medical documents, household bills, income statements of dependent/s)

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**CATEGORY 3 : OTHER EXTENUATING CIRCUMSTANCES** (Please provide Annex 2B and relevant supporting documents)

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Appeals will be considered on a case-by-case basis depending on the family's extenuating circumstances. Any document to support the appeal should be submitted. The Service Delivery and Coordination Division may contact the applicant for further information if required.

**DECLARATION**

I, \_\_\_\_\_ (Name of Applicant) with NRIC/ FIN No. \_\_\_\_\_, hereby declare that the information provided by me in this appeal form is true and correct and I furnish the information knowing that I may be liable to criminal prosecution if I have stated any information that I know to be false or do not believe to be true.

In the event my appeal is successful and I receive the subsidies and grants which I am applying for, I hereby acknowledge that I may also be liable to make full repayment to the Government of any subsidies or grants which were provided, should I be found to have provided false or inaccurate information in this form.

\_\_\_\_\_  
Signature of Main Applicant

\_\_\_\_\_  
Date

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Annex 2B

INCOME (per month)		AMOUNT (\$)	EXPENDITURE (per month)	AMOUNT (\$)	Arrears (\$) as at (Date)
Net Salary (after CPF deduction)			Rent Or Mortgage payment (cash only)		
Contributions from family members			Service and Conservancy Charges (SCC)		
Assistance received from Other Sources (as below list)			Utility Charges (Power Supply)		
Name of agency	Period of assistance		Food and Sundry		
1.			* Education Expenses (School fees, pocket money, etc.)		
2.			Transport		
3.			* Medical Expenses (Private/ Polyclinic/ Hosp)		
4.			* Maintenance paid to Parents / wife / children		
Others:			Telecommunication charges		
			* Arrears instalment committed (SP, SCC, Med, rent, mortgage, maintenance, telecom)		
<b>Total</b>			<b>Total</b>		