

Chatsworth Medi@rt Academy Pte Ltd Financial Aid Application Form

Name:		Email Address:	
Course applied for:		Contact Details:	

1. Please select the type of financial aid you are applying for:
 - Extended course fee payment plan
 - Scholarship
 - Course fee discount

2. Have you applied for financial aid from other sources, such as government grant or loans, or other organisations?
 - Yes
 - No
 If yes, please provide details: _____

3. What is your estimated combine monthly gross household income? _____
(including any family or other support)

4. Do you have any dependents (children or other individuals) who rely on you for support?
 - Yes
 - No
 If yes, please provide details: _____

5. Have you experienced any financial hardship or unexpected expenses during the current academic year?
 - Yes
 - No
 If yes, please provide details: _____

Declaration

- I confirm that I agree and consent to the collection, use and disclosure of my personal data in accordance to MAD School's Privacy Policy and Terms of use.

- I declare that the particulars given by me in this application form and the submitted documents are true to the best of my knowledge and belief, and I have not wilfully suppressed any material fact. I accept that if any of the information given by me in this application is any way false or incorrect, I shall be disqualified for the application.

Signature: _____
Date: _____

For official use only

Details: _____

Application successful?
 Yes
 No