



SYED ISA SEMAIT SCHOLARSHIP (SISS) APPLICATION DECLARATION FORM

Nurturing Singapore's next generation of religious and community leaders

IMPORTANT NOTE

This application is for the Syed Isa Semait Scholarship (SISS). Please ensure you meet the application requirements before applying. Candidates who are not awarded the SISS may still be considered for the MUIS Scholarship (MS) if they demonstrate outstanding merit through their application and interview, subject to the discretion of the selection panel. Please note that applicants cannot specify which scholarship they wish to be considered for.

DECLARATION

1. We (applicant and parent/guardian) agree to apply for the Syed Isa Semait Scholarship
2. I (applicant) hereby give my consent to the relevant Government agencies to:
 - a) Obtain and verify information from or with any source (including third parties) as may be deemed appropriate by the relevant Government agency for the purposes of assessing my application for the scholarship; and
 - b) Share my personal data set out in this application form and any other personal data subsequently provided by me in connection with my application for scholarship with other Government agencies for the purposes of shortlisting and selection and for such personal data to be also used as part of de-identified and aggregated data for reporting purposes.
3. I declare that all the information given by me in this application for scholarship and any additional documents attached hereto are true to the best of my knowledge and that I have not wilfully suppressed any material fact. I accept that if any of the information given by me in this application is in any way false or incorrect, my application may be rejected, any offer of scholarship may be withdrawn, my scholarship with MUIS may be terminated.
4. By signing below, I hereby certify that I have read and understood all the clauses above and that I agree to all of them.

Name of Applicant			
Signature	<u>X</u>	Date	
Name of Parent / Guardian			
Relationship to Applicant	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian		
Mobile No		Office No	

Email			
Signature	X _____	Date	
FOR OFFICAL USE			
Received by			
Date Received			