



**MARITIME AND PORT AUTHORITY OF
SINGAPORE**

APPLICATION FORM FOR

**THE JOINT
MARITIME SCHOLARSHIP SCHEME
(JMSS)**

This form may take you 30 minutes to fill in.

The following information will be required to complete the form :

- o Detailed particulars of applicant; and
- o Details of 2 referees.

Name of Applicant:

(As appear in NRIC and underline Surname/Family Name)

Course of Study Applied For:

Commencement Date of Study :

(Please attach letter of acceptance / provisional acceptance from the university)

Name/Country of University:

Mail the application form and all supporting materials to:

**The MCF Secretariat
IMC Capability Development Dept
IMC Cluster
Maritime & Port Authority of Singapore
460 Alexandra Road #17-00
PSA Building
Singapore 119963**

MARITIME AND PORT AUTHORITY OF SINGAPORE

APPLICATION FORM FOR THE JOINT MARITIME SCHOLARSHIP SCHEME		Passport-size Photograph	
(A) PERSONAL PARTICULARS			
Name (Write in BLOCK letters) Mr/Mrs/Mdm/Miss <i>(As appear in NRIC/Passport and underline Surname/Family Name)</i>		Sex	Age
Postal Address		Tel No. Pager/Handphone No.	
Permanent Address		Tel No. Fax No. Email	
Office Name & Address		Tel No.	
Date of Birth <i>(As appear in NRIC)</i> (Day/Month/Year)	Place of Birth	Race	
Marital Status	Name of Spouse, if married	Religion	
Type of NRIC <input type="checkbox"/> Singapore Pink <input type="checkbox"/> Singapore Blue		NRIC No.	
		S'pore PR (UIN) No.	
(B) NATIONAL SERVICE STATUS			
<input type="checkbox"/> Completed (ROD _____) <input type="checkbox"/> Currently serving (expected ROD _____) <input type="checkbox"/> Disrupted <input type="checkbox"/> Exempted			

(C) EDUCATION

Please **attach copies** of all `O' level and `A' level results, polytechnic results and certificate (if applicable), **University results (from 1st year to final/honours year) and degree scrolls/certificate.**

1. School (Secondary and Junior College)

From	To	Name and Location of School	Certificate

2. University (Undergraduate and Postgraduate) – (**please indicate the period of residence on campus if the degree is pursued on a **part-time** basis*).

From	To	Name and Location of University	Degree awarded (please indicate if degree is pursued on a Full-Time (FT) or *Part-time (PT) basis)	Class/Rank	Year
1.			Degree: <input type="checkbox"/> FT <input type="checkbox"/> PT (*period _____)		
2.			Degree: <input type="checkbox"/> FT <input type="checkbox"/> PT (*period _____)		
3.			Degree: <input type="checkbox"/> FT <input type="checkbox"/> PT (*period _____)		

3. Professional

From	To	Name and Location of Institution	Certificate/Diploma (Please state class of honours/awards, if any)

4. **Scholarships, prizes or other awards received.** Indicate year of award and period of bond, if any.
(Please list in chronological order and enclose documentary evidence.)

(D) WORK EXPERIENCE

1. Previous Occupation(s)

From	To	Name and Location of Firm/Organisation	Title/Position	Nature of Work

2. Present Occupation

Date of Joining	Name of Firm/Organisation	Title/Position	Employment Sector (public/statutory/ private/self- employed)

(E) MEMBERSHIP OF PROFESSIONAL ORGANISATIONS

From	To	Organisation	Post held	Membership Status

(F) OBJECTIVE OF PURSUING THIS COURSE

State why you wish to pursue this Course and how you would use the knowledge you gain from it in practice. (Use a separate sheet if necessary.)

(G) OTHER RELEVANT INFORMATION

You may wish to indicate any other relevant information which will help you in your application.

(H) REFEREES	
List the names and addresses of two persons (not relatives of applicant) from whom we may request letters of reference pertaining to your academic ability and job performance.	
(i) Name	(ii) Name
Designation	Designation
Address	Address
Telephone No.	Telephone No.
Length of time known	Length of time known
Nature of Association	Nature of Association
(I) PARTICULARS OF NEXT-OF-KIN	
Name	Relationship
Permanent Address	Telephone No.

(J) EMPLOYER'S SUPPORT

As this scheme is to be jointly funded by the sponsoring companies and the Maritime and Port Authority of Singapore, your application must, therefore, have the support of your current employer. Please request the chief executive officer or the authorising staff of your company to complete this section.

I hereby support this application and confirm that the company will bear its share of the total cost incurred by the applicant in attending the course of study indicated in this application form under the Joint Postgraduate Maritime Scholarship Scheme.

Signature : _____

Name in full : _____

Title/designation: (applicant's employer or the chief executive officer of his company)

Name and Address _____

of Company : _____

Telephone No. : _____

(K) DECLARATION

1. **I AFFIRM** that all statements made by me on this form are correct.
2. **I UNDERSTAND** that any inaccurate or false information (or omission of material information) will render this application invalid and that, if admitted on the basis of such information, I can be required to withdraw from the Joint Postgraduate Maritime Scholarship Scheme.

Signature : _____ Date : _____