



# MARITIME AND PORT AUTHORITY OF SINGAPORE

## APPLICATION FORM FOR THE MARITIME POSTGRADUATE SCHOLARSHIP SCHEME (MPS)

- This form may take you 15 minutes to complete.
- You will need details of 2 referees to complete this form.

**Name of Applicant:**

**Course of Study Applied For:**

**Name of University :**

**Commencement Date of Study:**

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

**Mail the application form and all supporting documents<sup>1</sup> to:**

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

**Note : Participants and business entities must strictly adhere to the terms and conditions of the scholarship – see details at [www.mpa.gov.sg/mcf](http://www.mpa.gov.sg/mcf)**

---

<sup>1</sup> The required supporting documents are :

- Copy of all educational certificates from "O" level, or equivalent to tertiary education
- Copy of documentary evidences of receipt of awards, if any
- Copy of letter of acceptance/provisional acceptance from the University
- Curriculum Vitae
- Copy of NRIC (front and back view)

# MARITIME AND PORT AUTHORITY OF SINGAPORE

<b>APPLICATION FORM FOR THE MARITIME POSTGRADUATE SCHOLARSHIP SCHEME</b>		<i>Passport-size Photograph</i>
<b>(A) PERSONAL PARTICULARS</b>		
Name (Write in <b>BLOCK</b> letters)  <i>(As appear in NRIC/Passport and underline Surname/Family Name)</i>		Sex  Date of Birth & Age
Residential Address		Tel No.  Handphone No.  E-mail Address:
Office Name & Address		Tel No.  Fax No.  E-mail Address:
Race	Marital Status	Name of Spouse, if married
Type of NRIC <input type="checkbox"/> Singapore Pink <input type="checkbox"/> Singapore Blue		NRIC No.
<b>(B) NATIONAL SERVICE STATUS</b>		
<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 certificates (if applicable), **University results (from 1st year to final/honours year) and degree scrolls/certificates.**

**1. School** (Secondary and Junior College)

From	To	Name and Location of School	Certificate

**2. University** (Undergraduate and Postgraduate) – *(\*please indicate the length of time spent 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	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 Employer	Title/Position	Nature of Work

**2. Present Occupation**

Date of Joining	Name of Employer	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) DETAILS OF POSTGRADUATE STUDIES (for Part-time only)**

Minimum period of candidature : \_\_\_\_\_      Maximum period of candidature : \_\_\_\_\_      Chosen Period of candidature to be undertaken : \_\_\_\_\_ ( ≤ 3 years)

Cost of tuition fee based on the chosen period of candidature undertaken or 3 years tenure (whichever is lower) :

\_\_\_\_\_

**(H) OTHER RELEVANT INFORMATION**

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

**(I) 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

**(J) 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, MPA can withdraw its sponsorship under this scheme.
3. **I AGREE** to complete the course of study within three years from the start of the course and accept that to be a condition for the co-sponsorship by MPA.

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

**(K) EMPLOYER'S SUPPORT**

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

I hereby support this application and declare that the sponsoring employer will pay its share of the total cost incurred by the applicant in attending the course of study indicated in this application form under the Maritime Postgraduate Scholarship Scheme.

I hereby declare that we did not receive any other forms of financial assistance administered by any government bodies e.g. MAS or WDA etc with respect to our officer's attendance at the postgraduate programme.

Signature : \_\_\_\_\_

Name in full : \_\_\_\_\_

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

\_\_\_\_\_

Name and Address of Business : \_\_\_\_\_

Entity : \_\_\_\_\_

Telephone No. : \_\_\_\_\_