



THE HAEMOPHILIA SOCIETY OF SINGAPORE

MAILING ADDRESS:

Farrer Road P.O. Box 0273

Singapore 912810

Tel: 644909289 (Dr Gan) / 6235-8166 (Dr Tan)

THE DULCIE WILSON SCHOLARSHIP FUND

APPLICATION FORM

Applicant's Particulars

NAME: _____ SEX: _____

ADDRESS:

TEL. HOME: _____ MOBILE: _____

NRIC: _____ NATIONALITY: _____

DOB: _____ MARITAL STATUS: _____

DATE JOINED SOCIETY: _____

FATHER'S NAME: _____

MOTHER'S NAME: _____

NAME OF TERTIARY INSTITUTION: _____

COURSE OF STUDY/ FACULTY/ DEPARTMENT: _____

DATE OF ADMISSION: _____

DURATION OF COURSE: _____

ACADEMIC RESULTS: _____

(Please attach result slip/ acceptance letter from institution)

OTHER DOCUMENTS: Photocopy of NRIC, Membership card

DECLARATION: I hereby declare that the particulars stated in this application are true and I have not willfully suppressed any material fact.

Signature of applicant

Date

Signature of witness

Date

Name of witness



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Particulars of Family Members Living in the Same Household

Name	Relationship to Applicant	Date of Birth	Citizenship	Marital Status	Occupation	Gross Monthly Income (S\$)	Employer / School Attending