



SUPPORT A SINGER FUND APPLICATION FORM

Full Name of Applicant: _____

Relation of Applicant to Choir Member: _____

Email: _____

Mobile Number: _____

Full Name of Choir Member: _____

I am applying for / on behalf of a member of the (select one):

- VOS Children's Choir JC/PGL
- VOS Children's Choir IC/SC/PGH/CC
- VOS Children's Choir CS
- VOS Little Singers
- VOS Community Chorus/City Chorus
- VOS Ladies/Men's
- VOS Youth Choir

I am applying for (select one):

- 50% Subsidy
- 60% Subsidy
- 70% Subsidy
- 80% Subsidy
- 90% Subsidy

The choir member is a first-time singer (select one):

- Yes
- No

*See ANNEX C for subsidy tier criteria.

How many individuals are there in your household, including yourself? _____

Are there any other sources of income in your household? Yes / No

Please state the monthly gross income of all income earners in your household including yourself in the table below.



Name	Birth Year (as reflected in NRIC)	Relationship to Choir Member	Employment Status (Employed Full Time/Employed Part Time/Self Employed)	Current Monthly Income	Signature of Family Member (initials)

Please state the remaining information of non-income earners in your household in the table below

Name	Relationship to Choir Member	Status (Retired/ Unemployed/ Student)	Current Monthly Income	Signature of Family Member (initials)

Information in the above tables is to be accompanied by the declaration for unemployment or self-employment in ANNEX A.



Declaration

I hereby declare that the information provided above is true to the best of my knowledge. I undertake to refund the value received in full if any of the information is subsequently found to be false.

I hereby declare that all required documents as stated in ANNEX C have been filled and attached in this application.

I understand that the information given by me in this form or any part thereof will be shared with Voices of Singapore Staff involved in the administration of this application, and I consent for this to be done. I understand that my application will be handled with utmost confidentiality and documents will be stored in a safe and secure manner.

X _____

Name: _____

Date: _____

For Official Purposes

Application Outcome: Approved / Rejected

Disbursement Amount: S\$ _____

X _____

Name: _____

Date: _____

Designation: _____