

## SCIA - UOL International Foundation Programme Student Application Form

### Personal Details: Student (Applicant)

Family Name:				Given Name:				<input type="checkbox"/> Female						
Date of Birth:	D	D	/	M	M	/	Y	Y	Y	Y	Nationality:			<input type="checkbox"/> Male
Passport No:				Expiry Date:	D	D	/	M	M	/	Y	Y	Y	Y
Issuing Country:				Residency Status in Cambodia:	<input type="checkbox"/> Citizen	ID no:				<input type="checkbox"/> Visa	Visa no:			
Current Residential Address:														
Home Country Address: <i>(If Different from Residential)</i>														

Attach Student's Photo  
45mm (h) x 35mm (w)

### For Transfer Student Only

Current Curriculum:	<input type="checkbox"/> Cambodian	<input type="checkbox"/> American	<input type="checkbox"/> Cambridge	<input type="checkbox"/> IB	<input type="checkbox"/> Others:					
Current Grade:			Applying for Grade:			Name of Current School:				
Preferred Enrolment Date:	<input type="checkbox"/> Immediate	<input type="checkbox"/> August	Y	Y	Y	Y	<input type="checkbox"/> Other:			

### Personal Details: Parent(s) / Guardian

<b>Father</b>	Family Name:				Given Name:												
	Date of Birth:	D	D	/	M	M	/	Y	Y	Y	Y	Nationality:					
Passport No:				Expiry Date:	D	D	/	M	M	/	Y	Y	Y	Y	Issuing Country:		
Residency Status in Cambodia:	<input type="checkbox"/> Citizen	ID no:				Preferred Language of Communication:				<input type="checkbox"/> Visa	Visa no:						
Current Residential Address: <i>(If Different from Applicant)</i>																	
Mobile Number:				Office Number:													
Home Number:				Email Address:													
Occupation:				Company Name:													

<b>Mother</b>	Family Name:				Given Name:												
	Date of Birth:	D	D	/	M	M	/	Y	Y	Y	Y	Nationality:					
Passport No:				Expiry Date:	D	D	/	M	M	/	Y	Y	Y	Y	Issuing Country:		
Residency Status in Cambodia:	<input type="checkbox"/> Citizen	ID no:				Preferred Language of Communication:				<input type="checkbox"/> Visa	Visa no:						
Current Residential Address: <i>(If Different from Applicant)</i>																	
Mobile Number:				Office Number:													
Home Number:				Email Address:													
Occupation:				Company Name:													

<b>Guardian (optional)</b>	Family Name:				Given Name:												
	Date of Birth:	D	D	/	M	M	/	Y	Y	Y	Y	Nationality:					
Passport No:				Expiry Date:	D	D	/	M	M	/	Y	Y	Y	Y	Issuing Country:		
Residency Status in Cambodia:	<input type="checkbox"/> Citizen	ID no:				Preferred Language of Communication:				<input type="checkbox"/> Visa	Visa no:						
Current Residential Address: <i>(If Different from Applicant)</i>																	
Mobile Number:				Office Number:													
Home Number:				Email Address:													
Occupation:				Company Name:													

## Student's Education Background

Name of School (In Chronological Order of Year of Study)	Curriculum (E.g. IB, Cambridge & Etc.)	Country	City	Primary Language of Instruction	Period of Study				Reason(s) for Leaving			
					From		To					
					Y	Y	Y	Y	Y	Y	Y	Y
					Y	Y	Y	Y	Y	Y	Y	Y
					Y	Y	Y	Y	Y	Y	Y	Y
					Y	Y	Y	Y	Y	Y	Y	Y
					Y	Y	Y	Y	Y	Y	Y	Y

## Student's Language Proficiency

Please tick the appropriate boxes accordingly		Not Applicable	Fair	Good	Excellent
English	Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Khmer	Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chinese	Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others (Please Indicate Below)	Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Common Language(s) Spoken at Home:					

## Applicant's Siblings

Full Name	Date of Birth	Gender	Grade	School
	D D / M M / Y Y Y Y			
	D D / M M / Y Y Y Y			
	D D / M M / Y Y Y Y			
	D D / M M / Y Y Y Y			
	D D / M M / Y Y Y Y			

## Additional Information

Please tick "Yes" or "No" to the following questions		Yes	No	If "Yes", please provide detail(s)
1	Has your child ever skipped a grade level?	<input type="checkbox"/>	<input type="checkbox"/>	
2	Has your child ever been in a Gifted Programme?	<input type="checkbox"/>	<input type="checkbox"/>	
3	Has your child ever enrolled in an Enrichment Programme?	<input type="checkbox"/>	<input type="checkbox"/>	
4	Does your child require any specific learning needs?	<input type="checkbox"/>	<input type="checkbox"/>	
5	Does your child have any medical or physical conditions that require special attention or medication, for instance, allergies?	<input type="checkbox"/>	<input type="checkbox"/>	

*Scholarship Application*

**To be considered for scholarship, please fill up the following section of the form**

- Shortlisted candidate would be notified about our scholarship selection process

**Applicant's Academic Achievements**

*(Please provide details of your academic achievements)*

**Applicant's Co-curricular Involvement and Achievements**

*(Please provide details of your co-curricular involvement and achievements)*

Clubs/Societies/Uniformed/Youth Groups:
Sports:
Performing Arts:
Social/Community Work:

**Financial Declaration**

**Annual Household Income (please tick)**

Tier	Annual gross household income per capita	Please tick your annual household income tier
1	US\$6000 or below	<input type="checkbox"/>
2	US\$6001 - US\$12,000	<input type="checkbox"/>
3	US\$12,001 - US\$18,000	<input type="checkbox"/>
4	US\$18,001 - US\$24,000	<input type="checkbox"/>
5	US\$24,001 - US\$30,000	<input type="checkbox"/>
6	US\$30,000 and above	<input type="checkbox"/>

Notes:

- Annual gross household income per capita = Total Annual Household Income / Total Number of Family Members  
The total annual household income should be computed based on all sources of income, e.g. salaries, dividend from shares, rental income, etc.
- Income statements of all family members upon request

**Any Other Information**

*(Please list any other information (e.g. special talents and awards) you think might be helpful in evaluating your application for the scholarship)*

## **Applicant's Personal Statement**

Write a personal statement of no more than 300 words based on the following:

- Reason(s) you have selected SCIA
- Reason(s) you feel that you should receive the scholarship
- Contributions you feel you can make or are making as an SCIA student

Are you currently receiving any scholarship from other organisations/institutions?  Yes ( / / 20 )  
 No

If yes, please indicate when the scholarship will expire ( / / ):

**Declaration**

*I hereby certify that the statements and information in this application form are true and correct to the best of my knowledge and belief. I understand and agree that any misrepresentation, falsification or material omission of information on this application may result in my failure to receive an offer, or withdrawal of the offer at any time.*

_____ Student's Signature	_____ Parent's Signature
Name: ____	Name: ____
Date: __/__/2019	Date: __/__/2019

**Please check the following mandatory documents are submitted:**

- A photocopy of student's birth certificate and passport
- An official copy of the student's latest reports and any standardised test results or grade for three years up to date of application
- A statement from the Principal or form teacher of the student's current school regarding leadership qualities, character and ability

## Modes of Payment, Procedures and Conditions

Payments are to be made only either in cash, cheque, cashier's order, credit card, debit card or inter-bank transfer.
All payments from overseas by cashier's order or telegraphic transfer are to be made payable to SCIA with student's name listed.
All bank charges must be borne by the student.
All cheque payments are to be crossed and made payable to SCIA with student's name written at the back of the cheque.
All fees are payable one (1) month in advance before commencement of each semester on a half yearly basis.
Unpaid fees may result in delay or disruption to the student's enrolment/course of study.

### SCIA Account Details

Name of Bank:	Maybank (Cambodia) Plc		
Address:	Maybank Tower, No.43, Preah Norodom Blvd, Sangkat Phsar Thmey 3, Khan Duan Penh, Phnom Penh		
Swift Code:	MBBEKHPP	Beneficiary Name:	Singapore (Cambodia) International Academy Co., Ltd
Account No:	00001/02/003031/04		

### SCIA Standard Refund Policy

Refunds are only applicable for tuition fees; all other fees i.e. application fee, enrolment fee, annual capital fee, transition fee and miscellaneous are non-refundable and non-transferable. Refunds can only be issued in the form of cheque.
75% refund if withdrawal notice given more than thirty [30] calendar days prior to the start of the semester.
50% refund if withdrawal notice given within fourteen [14] to thirty [30] calendar days prior to the start of the semester.
No refund if withdrawal notice given less than fourteen [14] calendar days prior to the start of the semester or after the semester has begun.

## Application Checklist

<input type="checkbox"/>	Completed and Signed Application Form
<input type="checkbox"/>	Copy of each parent's passport or ID
<input type="checkbox"/>	A Copy of student's Birth Certificate (Original and English translation) and/or passport
<input type="checkbox"/>	Additional three (3) recent passport-sized photographs of the student
<input type="checkbox"/>	A copy of student's school reports and any standardised tests for the past 2 years (Original and English translation)
<input type="checkbox"/>	A copy of any other relevant certification or information that may be useful in this application
<input type="checkbox"/>	Copy of all relevant psycho-educational and / or special education evaluation reports (If applicable)

## Acknowledgement

<input type="checkbox"/>	I/ We understand that a place is not guaranteed until a Letter of Offer from SCIA is issued. I/We give permission for the student to undertake any testing required as part of the admissions process.
<input type="checkbox"/>	I/ We authorise SCIA to contact current and past schools including teachers, tutors, administrators and other sources as required, to obtain information to support this application. Deliberate withholding or false provision of any records or specific information, e.g. additional learning support, may result in the delay/rejection/retraction of the admissions/acceptance to SCIA. SCIA reserves the right to make this decision.
<input type="checkbox"/>	I/We guarantee that in the event that the student resides with a relative or guardian, he/she will be fully supported in his/her studies and extra-curricular activities.
<input type="checkbox"/>	I/We will support and help the student to observe all school regulations, including respecting and protecting the school's property, equipment, building and good name.
<input type="checkbox"/>	I/We understand that SCIA does not discriminate in the enrolment practices against any person due to race, creed, gender, nationality or ethnic region.
<input type="checkbox"/>	In submitting this application, I/we agree to the above terms and declare that all the information provided is correct. I/We understand that false, inaccurate or misleading information may result in the rejection of this application and forfeiture of application fee, or disruption to the student's course of study.

Signature of the Parent / Guardian										
Name:										
Date:	D	D	/	M	M	/	Y	Y	Y	Y

For Official Use Only				
Proposed Start Date:				
Attended By:				
Application Fee Received	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Test Required	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Approved by Registrar:				
Date of Approval:				

### Contact Us

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Facebook  
Website

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