

BRIGHT HORIZONS FUND

Application for Financial Assistance

1. NTUC First Campus is committed to its social mission of making childcare services available to all and it believes that no child should be deprived of a quality childcare education due to financial constraints. The Bright Horizons Trust Fund supports lower income children with financial assistance with childcare fees and other school-related expenses.

2. Eligibility criteria:
 - a. Monthly net household income below \$2,220 or \$600 per capita (household income divided by total number of family members). Families with monthly net household income exceeding the criteria will be considered on a case-by-case basis.

 - b. All eligible financial assistance schemes have been applied for.

3. Terms and conditions:
 - a. Assistance with monthly childcare fee and other expenses is at the discretion of the Board of Trustees of Bright Horizons Trust Fund.

 - b. Bright Horizons Trust Fund will provide up to 75% assistance for net fee payable after Government, CFAC and other financial assistance, capped at the following amount, and subject to clause 3c:
 - i. Singapore citizens/PRs - \$100 per month for union members and \$90 per month for non-union members
 - ii. Non citizens - \$90 per month for union members and \$80 per month for non-union members

 - c. A minimum co-payment of \$50 per month is required.

 - d. Amount of assistance is at the discretion of Bright Horizons Trust Fund, and is disbursed for a period of 6 months. A review application would have to be submitted for extension of assistance.

 - e. Bright Horizons financial assistance is applicable for infant care, child care and student care.

 - f. For ease of application, the CFAC application form would be used as supporting document for Bright Horizons Trust Fund's financial assistance application, regardless of whether CFAC is applied for the child.

 - g. Bright Horizons Trust Fund reserves the right to amend the above eligibility criteria, and terms and conditions without prior notice.

Parent's / Guardian's Declaration						
<p>I, the undersigned, would like to apply for Bright Horizons financial assistance for my child. I declare that all information provided in this application form and the appended CFAC application form is true and correct.</p> <p>I further understand that if I furnish any false information, Bright Horizons Trust Fund, through NTUC First Campus, will recover from me all monies paid to me.</p> <table style="width: 100%;"><tr><td style="width: 33%; text-align: center;">_____</td><td style="width: 33%; text-align: center;">_____</td><td style="width: 33%; text-align: center;">_____</td></tr><tr><td style="text-align: center;">Name of Parent/Guardian</td><td style="text-align: center;">Signature</td><td style="text-align: center;">Date</td></tr></table>	_____	_____	_____	Name of Parent/Guardian	Signature	Date
_____	_____	_____				
Name of Parent/Guardian	Signature	Date				

FOR OFFICIAL USE

PLEASE APPEND CFAC APPLICATION FORM

Centre: _____ Application status: New / Review *

Applicant's Name: _____ Union membership: Yes/No*

Class: _____

Total household income as stated on CFAC form: \$ _____

Total number of people in household: _____

Per capita income: \$ _____

Declaration of all other Financial Assistance (FAs) received: e.g. Transport, utilities, food vouchers etc

CDC \$ _____ Mendaki \$ _____

SINDA \$ _____ CDAC \$ _____

Others (Pls state name of organization): _____ \$ _____

(Pls state name of organization): _____ \$ _____

FEE INFORMATION

Monthly Fee (including GST): \$ _____

MCYS Subsidy: (\$ _____)

CFAC Assistance: (\$ _____)

Other Assistance e.g. SINDA: _____ (\$ _____)

Discounts: _____ (\$ _____)

e.g. union, infant care (including GST)

Net Fee Payable: \$ _____

Period of assistance required: From _____ to _____

If higher amount of assistance is required, state amount: \$ _____

If assistance is required for outstanding fees, state amount: \$ _____

If assistance is required for start-up costs, state amount: \$ _____ (deposit)

\$ _____ (others)

If assistance is required for books or items, state amount: \$ _____

OCBC-BRIGHT HORIZONS FUND

Special Relief Scheme for Retrenched Parents

Eligibility criteria:

Monthly net household income after retrenchment below \$2,220 or \$600 per capita (household income divided by total number of family members). Families with monthly net household income exceeding the criteria will be considered on a case-by-case basis.

Assistance will be given for full net childcare fee payable for a period of 3 months. Extension of scheme is subject to review.

Applicant's name: _____

Relation to child: _____

Receipt of retrenchment package : Yes/No*

(please submit letter of retrenchment from company as supporting document)

Additional remarks

Signature of Principal

Date