

**BUKIT PANJANG GOVT HIGH SCHOOL**  
**OPPORTUNITY FUND SUBSIDY FOR ENRICHMENT PROGRAMME AND OVERSEAS TRIP**  
**(This scheme applies to Singaporean students only.)**

**OVERVIEW**

The objective of this Fund is to level up co-curricular development opportunities for Singapore citizen students from lower income households.

**USAGE OF THE OPPORTUNITY FUND (OF)**

The target group of OF is students from the lower income households. These students may or may not be MOE Financial Assistance Scheme (FAS) recipients. The intent of OF is to create life-changing learning opportunities for these students who would otherwise miss out due to family circumstances.

**Application**

- **MOE/School FAS recipients participating in the Enrichment Programme/Overseas Trip will be granted the subsidy without having to apply.**
  
- **Non-MOE/School FAS recipients participating in the Enrichment Programme/Overseas Trip may apply for OF subsidy.**

<b>Nature of Activity</b>	<b>Subsidy</b>
Overseas Trip	Up to 40% of Overseas Trip Cost
Enrichment Programme	Total cost of programme or co-payment amount for students who have exhausted their Edusave account

**BUKIT PANJANG GOVT HIGH SCHOOL**  
**APPLICATION FOR OPPORTUNITY FUND SUBSIDY**

*(This scheme applies to Singaporean students only. MOE/School FAS recipients participating in the Enrichment Programme/Overseas Trip will be granted the subsidy without having to apply.)*

**Section I: Particulars of Student**

Please indicate the details of the student applying for Opportunity Fund subsidy.

Name (Underline Surname)	Birth Cert/NRIC No	Level / Class

**Section II: Details of Enrichment Programme / Overseas Trip**

Please indicate the details of the enrichment programme/overseas trip organised by the school which the student is applying for Opportunity Fund subsidy.

SN	Activity Title	Student's Co-Payment Amount	Teacher-in-charge
1			
2			

**Section III: Declaration of Income**

Please include details of the parents, unmarried siblings and grandparents of the student if they are living in the same household.

S/N	Relationship	Birth Cert/ NRIC No	Occupation	Gross Monthly Income/\$
1	Father			
2	Mother			
3	Brother			
4	Sister			
5	Grandparent			
Total Gross Household Income:				

I declare that the information provided above is true and correct. I undertake to refund the value of benefits received by my child / ward \* if any of the information is found to be false later.

\_\_\_\_\_  
 Name and Signature of Parent/Guardian\*

\_\_\_\_\_  
 Date

\* To delete whichever is appropriate

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The Approving Authority will approve or reject the recommendation. For rejected cases or cases approved with deviation from the established eligibility criteria, the Approving Authority must provide reasons below.

Per Cap Income \$ :

Application for OF Subsidy :      Approved / Rejected

Approved Subsidy Amount \$ :

Approval/Rejection Reason :

\_\_\_\_\_  
 Name & Designation

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date