## **Application of SCAC Pastor's Children Education Fund**

Name	of Applicant:							
Bank	name & Acc. No:			Email:				
District:NRIC N			NRIC No:	0:				
Telep	hone: (O)		(HP)					
No	Name of Children	NRIC	School	Grade	Indicate the starting year & month *	Indicate Graduat on *		
*For (	children who are go	oing to or grad	uating from degree	or diploma.				
Notes	::							
1.	* *		ors whose children	are studying	in primary or sec	condary		
2.	school or university during the year.  If approved, the amount given is:  Primary-RM300.00 per year;  Secondary-RM350.00 per year;  University-RM400.00 per year.							
3.	Applications must reach BOM before March each year.							
4.	Application forms The Treasurer, Bo		ted to: y, fax to 084-31347	0, or email to	scacbom@gma	il.com.		
	Applicant's signa	ture:		Date:				
	Treasurer of BOM (signature):			Date:				