

## **STTA OVERSEAS TRAININGS & COMPETITIONS (OTC) SUBSIDY**

### **OBJECTIVES**

1. To provide financial assistance to talented young athletes from needy families so that the subsidy recipient can afford to take part in overseas trainings or competitions.
2. To provide the encouragement for the recipient to train hard and strive for better results.

### **QUANTUM**

3. Up to 5 OTC subsidies shall be awarded annually.
4. Each recipient can receive up to **\$7,000** (inclusive of applicable GST) for up to one calendar year (1 Feb 2025 to 31<sup>st</sup> Dec 2025) in OTC subsidy.
5. Subject to sufficient balance left in the recipient's OTC subsidy account, the recipient needs only to pay the first \$200 for each OTC. The balance will be drawn down from the OTC subsidy.
6. This subsidy shall not be applied towards trips already subsidised by 3<sup>rd</sup> party.

### **ELIGIBILITY**

Subsidy recipient must qualify for all the conditions listed below in point 7 to point 12:

7. Singapore Citizen,
8. A player of the STTA Junior Development Squad (JDS), School within School (SWS) Squad and Youth Training Squad (YTS).
9. Not a full-time Table Tennis National Player,
10. Household monthly income per person<sup>#</sup> less than **\$1,400**,
11. Not receiving any other financial assistance<sup>^</sup> related to table tennis, and
12. Not receiving private training in table tennis sports for which fees are payable.

### **APPLICATION FOR SUBSIDY**

13. Parent or legal guardian of applicant can apply for the subsidy by submitting the duly completed hardcopy application form to STTA office on or before 15<sup>th</sup> January 2025, 5pm.
14. The application form can be downloaded from the STTA website. ([www.stta.org.sg](http://www.stta.org.sg))
15. Successful recipient will be informed via email on or before 31 January 2025.

### **SELECTION CRITERIA**

16. All applicants will be assessed holistically.
17. This includes the applicant's:
  - a. Result in local and/or international tournaments.
  - b. Conduct and/or attitude in school.
  - c. Conduct during training and competitions.
18. STTA reserves the right to award the bursaries in its absolute discretion, and the decision on the selection outcome is final.

<sup>#</sup> Household monthly income per person is calculated by taking the total gross household monthly income divided by the total number of family members living together under the same address.

<sup>^</sup> Recipient of STTA Youth Development Bursary is allowed to apply for this bursary.

## **OTHER CONDITIONS**

19. The subsidy will be withdrawn immediately, if the recipient, at any time,
  - fails to satisfy the eligibility conditions stated in point 7 to 12,
  - fails to adhere to STTA rules, regulations or instructions,
  - fails to maintain proper discipline,
  - engages in any misconduct, or
  - brings disrepute to STTA or the Table Tennis sport.

The parent or legal guardian of the recipient is liable to repay the full subsidy amount received and any additional administrative expenses incurred by STTA.

20. STTA has the right to make any amendments to the terms and conditions of this OTC subsidy without prior notice.

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**APPLICATION FORM**

**INSTRUCTIONS**

1. Please ensure that all sections are duly completed.
2. Kindly note that incomplete application will be rejected.
3. All hardcopy application forms should be submitted to STTA Office, 5 Stadium Drive, #03-40 OCBC Arena Singapore 397631, by 5pm, 15<sup>th</sup> January 2025.
4. Late submission will be rejected.

**SUPPORTING DOCUMENTS REQUIRED**

5. 1 x Passport Photo of applicant
6. 1 x Photocopy of the NRIC, Birth Certificate or Passport of applicant
7. 1 x Photocopy of the NRIC or Passport of the parent or legal guardian filing the application
8. 1 x Photocopy of the following documents from **all** person(s) receiving an income in the family living with the applicant under the same address:
  - a. most recent Notice of Assessment from Inland Revenue Authority of Singapore, and
  - b. most recent 3 months' salary slip
9. 1 x Photocopy of all pages of the applicant's school report book.

**OTHER DOCUMENTS REQUIRED**

10. STTA has the rights to request for any other documents pertaining to this application.

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**1. Important Notes**

Submission Deadline	5pm, 15 <sup>th</sup> January 2025
Submission Location	STTA office 5 Stadium Drive, #03-40 OCBC Arena, Singapore 397631
Submission Mode	Hardcopy submission only.

**2. Personal Particulars (Applicant)**

Name	
NRIC / Birth Certificate Number	
Citizenship	(Name of country)

**3. Personal Particulars (Applicant's Parent / Legal Guardian)**

Name		
NRIC / FIN Number		
Relation to Subsidy Applicant		
Contact Number		
Email		
Current residential address	Postal Code (    )	
Residential address property type Please tick one:	Residential Property ownership. Please tick one:	
<input type="checkbox"/> HDB ____ room flat	<input type="checkbox"/> Apartment	<input type="checkbox"/> Rented
<input type="checkbox"/> Condo	<input type="checkbox"/> Terrace	<input type="checkbox"/> Owned by family member
<input type="checkbox"/> Semi Detached	<input type="checkbox"/> Bungalow	<input type="checkbox"/> Not owned by family member. Please provide more information on property ownership: _____
<input type="checkbox"/> Others: _____		
Total number properties*, including the current residential property, owned by Applicant's Parent / Legal Guardian in Singapore <u>and</u> overseas.	Please write down the number of properties. Write "Nil" if there is none.	

\*includes residential, commercial, industrial or any other kinds of properties units / buildings, and vacant plots of land in Singapore and other countries.

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**4. Declaration by Parent / Legal Guardian of the applicant**

Applicant's current training program with STTA	Please tick one:  <div style="text-align: center;"> <input type="checkbox"/> JDS    <input type="checkbox"/> YTS    <input type="checkbox"/> SWS         </div>								
Applicant's household monthly income per person	<p>Q1: How many family members are living with the applicant under the same address?</p> <p>_____ family members</p> <p>Q2: What is the total gross household monthly income<sup>^</sup> (based on most recent month)?</p> <p>\$ _____</p> <p>Q3: What is the household monthly income per person? (Q2 divided by Q1)</p> <p>\$ _____</p>								
Is applicant receiving any other financial assistance <u>related</u> to table tennis?	<p>Please circle the right answer:</p> <p>Yes / No</p> <p>If the answer is yes, please list down the financial assistance(s) received below?</p>								
Other than table tennis training with STTA, has the applicant received any other table tennis coaching or training in the past 12 months?	<p>Please circle the right answer:</p> <p>Yes / No</p> <p>If the answer is "Yes", please provide the additional table tennis training or coaching information below.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Name of coach</td> <td style="padding: 2px;">Eg. Coach Chen Liang or JSK Table Tennis Academy</td> </tr> <tr> <td style="padding: 2px;">Training frequency</td> <td style="padding: 2px;">Eg. 2 lessons per week. 2 hour for each lesson</td> </tr> <tr> <td style="padding: 2px;">Training location</td> <td style="padding: 2px;">Eg. Bedok Sports Centre</td> </tr> <tr> <td style="padding: 2px;">Fees</td> <td style="padding: 2px;">Eg. \$60 per hour.</td> </tr> </table>	Name of coach	Eg. Coach Chen Liang or JSK Table Tennis Academy	Training frequency	Eg. 2 lessons per week. 2 hour for each lesson	Training location	Eg. Bedok Sports Centre	Fees	Eg. \$60 per hour.
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<sup>^</sup> Total gross household monthly income is the sum of all sources of income per month by all family members living in the same address with the applicant.

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**5. Notable table tennis tournament results achieved**

Year	Tournaments / Competitions	Result
Note: Write down achievements on a separate A4 paper if necessary and then attach it to the form.		

**6. Declaration**

I, (Name of Parent / Guardian) \_\_\_\_\_, (NRIC / FIN) \_\_\_\_\_ hereby declare that all the information provided in this form is true, correct and accurate to the best of my knowledge. I understand and acknowledge that if any of the information provided in this form is false or inaccurate, I shall be liable to repay in full the bursary amount received and any additional administrative expenses incurred by STTA.

Signature of Parent / Guardian & Date	_____ Sign here
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Cut along this

Cut along this

**7. Receipt of STTA OTC Subsidy Application Form**

Date of Receipt at STTA Office	(dd/mm/yyyy)
Name of STTA Employee	
Name of Applicant	
Signature of STTA Employee	
STTA Company Stamp	