APPLICATION FOR SCHOLARSHIP PROGRAMME 2010

Recent Photograph

NAME

COURSE PURSUED

CURRENT YEAR OF STUDY & SEMESTER

IMPORTANT NOTES

1. Please attach copies of latest results and relevant certificates (SPM/STPM/MATRIC/DIPLOMA/University Result Slip).
2. Application form must be fully completed. Incomplete form will not be processed.
3. The complete form must be certified by your Bahagian Hal Ehwal Pelajar or Dean of Faculty and must reach us on or before 16 July 2010.
**PERSONAL DETAILS**

Name: 
NRIC No.: 
Date of Birth: 
Age: 
Permanent Address: 
Mailing Address (if different from above): 
Immediate Contact Person: 

**Gender**  
- [ ] MALE  
- [ ] FEMALE  

Place of Birth: 
Race: 
Marital Status: 
Contact No:  
- (Mobile) 
- (Home) 
- (E-mail)  

**EDUCATIONAL BACKGROUND**

**CURRENT EDUCATIONAL BACKGROUND**

Faculty: 
Location: 
Course Pursued: 
Duration: 
Year/Semester: (e.g. Year 1/Semester 1) 
CGPA: 
Current/Past Scholarship or Financial Assistance (If any): 
Amount (RM): per annum 
Bonding (If any): 

If you do not receive Scholarship or Financial Assistance, how do you plan to proceed with your studies? 

**DECLARATION ON DISCIPLINARY ACTION**

Have you ever faced any disciplinary action?  
- [ ] YES  
- [ ] NO  

if yes, please specify the offence 

**EDUCATIONAL HISTORY**

<table>
<thead>
<tr>
<th>SECONDARY SCHOOL/INSTITUTION</th>
<th>YEAR</th>
<th>QUALIFICATION</th>
<th>RESULT/CGPA</th>
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**CO-CURRICULUM**

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<tr>
<th>SECONDARY SCHOOL/INSTITUTION</th>
<th>CLUB/SOCIETY</th>
<th>POSITION</th>
<th>YEAR</th>
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# FAMILY INCOME/BACKGROUND

## DETAILS OF PARENTS/GUARDIAN

<table>
<thead>
<tr>
<th>NAME</th>
<th>AGE</th>
<th>OCCUPATION &amp; EMPLOYER</th>
<th>INCOME PER MONTH (RM)</th>
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<tr>
<td>FATHER</td>
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<td>MOTHER</td>
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TOTAL INCOME

## DETAILS OF SIBLINGS

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<th>NAME</th>
<th>AGE</th>
<th>MARITAL STATUS</th>
<th>RELATIONSHIP</th>
<th>OCCUPATION</th>
<th>INCOME PER MONTH (RM)</th>
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## DECLARATION BY APPLICANT

I hereby declare that the information given in this form is correct and true to the best of my knowledge. I fully understand and accept that if at any time after the offer, it is found that a false declaration has been made, UMW has the absolute right to terminate my scholarship/financial assistance and I undertake to refund the scholarship/assistance in full.

Name __________________________ Signature __________________________ Date ________

## VERIFICATION BY UNIVERSITY (Bahagian Hal Ehwal Pelajar or Dean of Faculty)

We hereby certify that the above person is currently pursuing his/her study at our university.

Name __________________________ Designation __________________________

Official Stamp __________________________ Signature __________________________ Date ________

## FOR OFFICE USE ONLY

1. INTERVIEWER __________________________

2. INTERVIEWER __________________________

3. INTERVIEWER __________________________

4. INTERVIEWER __________________________

DECISION

☐ APPROVED  ☐ NOT APPROVED

Name __________________________ Signature __________________________ Date ________