

SCHOLARSHIP AWARD 2014 APPLICATION FORM

Please affix passport-sized photograph here

Scholarship Options

Local Scholarship
 Overseas Scholarship
 Sponsorship

***Applicable to those with total annual household income of not more than RM 24,000*

Preferred Degree / University Details

Preferred Course 1 : University 1 :
 Preferred Course 2 : University 2 :

Personal Details

Full Name (as per NRIC) :
 NRIC No : : : Date of Birth : / /
 Gender : Male Female Race : Bumi Status : Yes / No
 Nationality : Religion :
 Mobile Contact No : Home Contact No :
 Emergency Contact : Email Address :
 Permanent Address :

 Postcode : State :
 Correspondence :
 Address :

 Postcode : State :

Academic Qualifications

Level	Name of School / Institution	Grade Obtained					Completion Year
		A	B	C	D	Others	
SPM / O Level or equivalent							
Foundation / STPM / A Level or equivalent		CGPA :					

Co-curricular activities*Most recent activities in which you assumed leadership position(s) in Society / Association*

Year	Position Held <i>eg. President / Working Committee</i>	Society / Association	Institution

Most recent sport activities represented

Year	Level represented <i>eg. Country / State / District / School</i>	Sport Activity	Institution

Most recent academic awards / competition awards and commendations received

Year	Level represented <i>eg. Country / State / District / School</i>	Awards / Commendations	Institution

Family Particulars

Please fill in the details of all your immediate family members and/or guardian(s). If your respectful parents / guardian(s) had deceased, please fill up "DECEASED" in the Occupation column and "NOT APPLICABLE" in the Monthly Gross Income column for our reference.

Full Name	NRIC	Relationship	Occupation	Monthly Gross Income
		Father		
		Mother		

Please list if you have relatives working in Maybank Group:

Name of Relative	Staff No	Relationship	Branch / Department

Monetary Aid from other Organisations*Please state all monetary aid previously received & currently received*

Organisation	Amount	Form of Assistance (Scholarship / Loan)	Period of Aid (yyyy to yyyy)

Declaration

Are you or any of your family members suffering / have suffered from any medical conditions (mental & physical) which requires regular or prolonged medical treatment?

Yes

No

If yes, please give full details : _____

I hereby declare that the above information provided in this form is true and correct and I authorise and consent to Maybank obtaining official records, if necessary, from any education institution attended by me. I understand that any provision of inaccurate or false information or omission of information will render this application invalid and that, if admitted on the basis of such information, I can be required to withdraw from this application.

Signature of Applicant

Date :

Documents Checklist

Applicants must attach the following documents in order

Copy of SPM Trial Result / Actual Result

Copy of Candidate NRIC (Front & Back)

Parents / Guardian payslip
