

SCHOLARSHIP AWARD 2016 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 40,000**

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' inclusive siblings 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)

Applicant 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 if necessary, official records from any education institution attended by me as well as my family particulars. 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 School Leaving Certificate

Copy of Candidate NRIC (Front & Back)

Copy of Parents / Guardian payslip or Parents Income declaration form

Copy of Parents / Guardian Income Tax (EA Form or J Form)

All the above documents **must** be certified true copy by either one of the following:-

1. Government School Principal
2. Village Head or Community Leader
3. Government Servant from the Management & Professional Group

SCHOLARSHIP AWARD 2016 DECLARATION FORM



Parents Income Declaration Form (Self-Employed Parent and does not have payslip)

Note: This form is to be filled by self-employed parent and does not have payslip

A. Income Information

Father/Mother Name :
NRIC :
Profession :
Yearly Gross Income :
Company address (if applicable) :

B. Declaration

I, (Name) _____ NRIC No _____ hereby declare that the above information is **TRUE** and Maybank reserves the right to reject the scholarship application at any time should Maybank discover that the information given above is false, untrue or incorrect at time of completion of this declaration.

Your faithfully,

Verified by,

Name :
Date :

Name :
Date :

This declaration **must** be verified by either one of the following:-

1. Government School Principal
2. Village Head or Community Leader
3. Government Servant from the Management & Professional Group