DELLOYD FOUNDATION

SCHOLARSHIP APPLICATION FORM

N FORM

PLEASE NOTE:

- (a) Only one copy needs to be filled.
- (b) Photocopies of the relevant certificates including the University's letter of acceptance are to be attached to the completed application form.
- (c) Applications with insufficient documents will not be considered.

 $\textbf{DOCUMENTS CHECKLIST} \quad \textit{Please tick} (\forall) \textit{whichever applicable and arrange the documents in the following order:}$

Recent passport-size photograph	Certified true copy of your SPM results
Certified true copy of your National Registration Identification Card (NRIC)/ MyKad	Certified true copy of your MUET certificate
Certified true copy of your undergraduate studies examination results, if applicable	Certified true copies of your parents' recent pay-slips/
Certified true copy of your STPM results	latest J Form(s) (Borang J)/ any other proof of income
Certified true copy of your UEC results	Acceptance/ Offer Letter by the University/ Institution

*If you have any family members or relatives who are currently employed within the Delloyd Group of Companies, please state the following:

Name:	Company:	Relationship:

_ Position:___

1. PERSONAL PARTICULARS

Department: ____

Name (as per NRIC) :		_Name in Chinese (to be written in Chinese characters):
Date of Birth:	_(dd/mm/yy)	Age:Gender: Male Female
Race : Bumiputra Chinese Indian	Others :	Nationality :
New I/C Number :	<u> </u>	Religion:
Permanent address :		
State:	Post Code:	_Tel. No.:
Correspondence address :		
State:	Post Code:	Tel. No.:
E-mail address:	Handphone	No:

Ref. No:

2. FAMILY DETAILS

a. Details of Parents / Guardian(s)

	Father/Guardian	Mother/Guardian
Name:		
NRIC No:		
Occupation:		
Name & Address of Company		
Income per month (RM)		
Additional income per month (RM)		
Total Income per month (RM)		

 * Note : Please indicate if your parents / guardians are self-employed

b. Siblings' Details

Siblings Who Are Single & Working						
Name	Age	Gender	Occupation	Name of Company	Monthly Income (RM)	Monthly Contribution to Family (RM)

Siblings Who Are Married & Working						
Name	Age	Gender	Occupation	Name of Company	Monthly Income (RM)	Monthly Contribution to Family (RM)

Siblings Who Are Currently Pursuing Their Education				
Name	Age	Gender	Name of School / College	Source of Financial Support

Other Dependants					
Name	Age	Gender	Relationship	Source of Financial Support	

Handicapped Sibling(s) (Please attach supporting documents)		
Name:	Name:	
Age:	Age:	

c. Do you suffer from any physical disability / handicap?

No

Financial Needs:



3. ACADEMIC BACKGROUND

For office use only

a. SPM/SPVM

b. STPM / UEC / Pre-U equivalent

Year taken: —

c. MUET Result:

Band

Year taken: -

Year taken: —

Grade	No. of Subject
1A -2A	
3B - 4B	
5C - 6C	
7P - 8P	
9F	

Grade	No. of Subject
A	
В	
С	
D	
E	

d. For those currently studying in Universities or Institutions of Higher Learning for a Diploma or Degree, kindly provide the following details :

University / Institution :			
Course / Program :			
Year / Session :	Duration : From	(mm/yy) to	(mm/yy)
CGPA :			

e. Other Qualifications / Achievements:

Name of Institution / School	Exam / Qualification Attained	Year Attained	Grade / Score	

f. If you have applied for a university entry level, please state the field of study in order of preference.

	University/Institution	Program / Course Name
1st choice		
2nd choice		
3rd choice		

4. EXTRA-CURRICULAR ACTIVITIES

	Туре	School / Institution	Name of Club/ Society / Sports Activity	Ye (From	Position Held / Level Achieved
1.	Uniformed Societies				
2.	Clubs/ Societies				
3.	Other Activities				
4.	Sports				





Extra-Curricular Activities:



5. LANGUAGE PROFICIENCY

Language	Written	Spoken
	Fluency (Fluent, Fair or Poor)	

6. OTHER MATTERS

Hobbies :			
Ambition ·			

On a <u>separate piece of paper</u>, please briefly describe yourself and state reasons for wanting to study the courses for which you have applied and reasons for applying for our Scholarship (in your own handwriting).

7. DECLARATION

I (Name of applicant:______, NRIC No:______) declare that all information and details given herein are true and correct to the best of my knowledge. I understand that a misrepresentation or omission of facts required will be sufficient cause for cancellation or withdrawal of the Scholarship, if it has been granted.

Signature of Applicant

Date (dd/mm/yy)

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Status: Shortlisted	Rejected:			
Reasons/ Remarks: (please justify)				
Signature :				