



CASH AWARDS APPLICATION FORM SIJIL PELAJARAN TINGGI MALAYSIA (STPM)

SARAWAK TIMBER ASSOCIATION
11 Floor, Wisma STA
26, Jalan Datuk Abang Abdul Rahim
93450 KUCHING SARAWAK

Only COMPLETED application form supported with all the CERTIFIED required documents will be considered.

CHECKLIST

- | | |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Photocopy IC
(MUST CERTIFIED true copy) | <input type="checkbox"/> Photocopy of IC belonging to either one parent who must be a Sarawakian) (MUST CERTIFIED true copy) |
| <input type="checkbox"/> Photocopy STPM result
(MUST CERTIFIED true copy) | <input type="checkbox"/> Photocopy First Page of Bank Account Pass Book Or Bank Statement with personal details ONLY
(MUST CERTIFIED true copy) |

Name of School _____
School Address _____
Division _____

A. PERSONAL DETAILS

1. Name:	2. Age:
3. Identity Card :	4. Date of Birth:

5.Race: _____ 6. Gender: _____
7. Correspondence Address: _____
8. Home Contact Number : _____
9. Handphone Number : _____ (*Please provide ACTIVE contact where
(STUDENT) you can be contacted*)
10. E-Mail Address: _____ (*Please provide ACTIVE address where
(STUDENT) you can be contacted*)

B. ACADEMIC QUALIFICATIONS

Please indicate your STPM result details below.

<input type="checkbox"/>	A	<input type="checkbox"/>	B+	<input type="checkbox"/>	C+	<input type="checkbox"/>	D+	<input type="checkbox"/>	F
<input type="checkbox"/>	A-	<input type="checkbox"/>	B	<input type="checkbox"/>	C	<input type="checkbox"/>	D		
		<input type="checkbox"/>	B-	<input type="checkbox"/>	C-				

Total Number of subjects taken

C. BANK ACCOUNT DETAILS

1. Name of the Account Holder : _____
(Must be in STUDENT'S name)

2. Bank Account Number: _____

3. Bank Name: _____

OR

If JOINT ACCOUNT, please fill the following:

4. Name of the Joint Account: _____

5. Joint with MOTHER/FATHER : _____

6. Bank Account Number: _____

7. Name of Bank: _____

Remarks:

1) For a student who is **under 17 years old** and is not eligible to open his/her own bank account, please provide details of Joint account.

2) Please make sure that your account **IS ACTIVE**. The disbursement of CASH AWARDS will be done **APPROXIMATELY 6 MONTHS** after submission of the application form.

3) Please tick (√) the following:

I WILL BE ABLE to attend the Presentation Ceremony of CASH AWARDS in _____ (KUCHING / SIBU / MIRI) to collect the CASH AWARDS cheque.

The Presentation Ceremony of CASH AWARDS is expected to be held within 6 months upon submission of the application.

I will NOT be able to attend the Presentation Ceremony.

D. FAMILY BACKGROUND

Personal Details of Father

1. Name:	2. Race:
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Personal Details of Mother

1. Name:	2. Race:
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E. DECLARATION

I confirm that the information given by me in this application form is true and correct. I hereby agree for STA to use the above information for the purpose of internal reporting within STA as well as for publicity.

Student's signature

Date