

SCHOLARSHIP APPLICATION FORM

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

(Year _____)

Affix
Recent
Passport Size
Photo

CHECKLIST

Photocopy of IC
(Certified true copy)

Certificate of SPM/STPM/Foundation
(Certified true copy)

Letter of offer
(Certified true copy)

Latest semester result
(Certified true copy)

Parent's Financial Statement
(Certified true copy)

Other Certificate of Achievement
(Certified true copy)

Name of Programme / Course : _____

College/Institution: _____

Date of Admission: _____

Duration: _____

A. PERSONAL DETAILS

1. Name: _____

2. Age: _____

3. Identity Card/Passport No.: _____

4. Date of Birth: _____

5. Marital Status: Single Married
(if married)

6. Place of Birth: _____

No. of Dependents: _____

Spouse Particulars:

i. Name: _____ ii. Occupation: _____

iii. Employer: _____ iv. Gross Income: _____

7. Race: _____

8. Sex: _____

9. Nationality: _____

10. Home Address: _____ Tel. (H)/H/P No.: _____

_____ E-Mail: _____

11. Correspondence Address: _____

_____ Tel.(O) _____ Fax : _____

B. APPLICANT'S EDUCATIONAL BACKGROUND

Date	School/College Attended	Examinations Sat For	Grade Achieved

Note: If space is insufficient to provide details, please attach annexure (s). Any such annexure (s) should be identified as such and signed by the Applicant.

C. EXTRA CURRICULAR ACTIVITIES IN SCHOOL / MATRICULATION CENTRE

<u>1. Sports / Games</u>	<u>Represented School (Yes/No)</u>	<u>2. Club/Society</u>	<u>Post Held</u>

D. MEDICAL HISTORY

1. <u>Any physically disability(eg.sight,hearing,speech):</u>	2. <u>Any previous illness/operation:</u>
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E: OTHER FINANCIAL INFORMATION

Are you currently receiving any prizes, financial assistance or sponsorship from other institution, fund or foundation?
YES/NO* If YES, please give details:

Institution/Fund/Organisation/Foundation(eg,JPA,MARA,PETRONAS,PTPTN,etc)	Year	Amount (RM)

F. FAMILY BACKGROUND

Father's Personal Detail

1. Name:	2. Age:
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3. Identity Card :	4. Date of Birth:
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5. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
6. Place of Birth: _____
7. No of Dependants: (No. of children still studying in schools or institute of higher learning, including you) Total of dependants: (i) Studying in university/institute of higher learning: _____ (ii) Studying in schools: _____ (iii) Not studying: _____

8. Race:	9. Nationality:
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10. Occupation: _____	11. Monthly Basic Salary: _____
12. Name of Company: _____	13. Allowance: _____
Address (P.O. Box address is not accepted) :	14. Office Tel./Fax : _____

Mother's Personal Detail

1. Name:	2. Age:
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3. Identity Card :	4. Date of Birth:
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5. Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
6. Place of Birth: _____
7. No of Dependants: (No. of children still studying in schools or institute of higher learning, including you) Total of dependants: (i) Studying in university/institute of higher learning: _____ (ii) Studying in schools: _____ (iii) Not studying: _____

8. Race:	9. Nationality:
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10. Occupation: _____	11. Monthly Basic Salary: _____
12. Name of Company: _____	13. Allowance: _____
Address (P.O. Box address is not accepted):	14. Office Tel / Fax : _____

