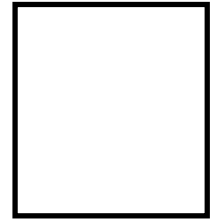


STAMFORD COLLEGE SCHOLARSHIP

APPLICATION FORM



Application Procedures

- All sections of this application form must be completed
- Certified true copies of supporting documents must be submitted with this application form.
- The completed application form may be sent to the Head of School in the centre where you would like to complete your course of study.

SECTION A		
COURSE APPLIED	INTAKE	STAMFORD CENTRE

SECTION B - PERSONAL DETAILS			
Full Name :			
Permanent Address:			
			Tel:
Correspondence Address (if different from above)			
			Tel:
Nationality:	IC No:		
Date of Birth:	Age:	Sex:	Marital Status:

SECTION C – EDUCATIONAL QUALIFICATIONS					
SPM					
Name and Address of School					Year Taken:
Tel:					
Subject	Grade	Subject	Grade	Subject	Grade
Bahasa Melayu		Pendidikan Islam			
Bahasa Inggeris		Pendidikan Moral			
Matematik		Perdagangan			
Matematik Tambahan		Fizik			
Geografi		Biologi			
Sejarah		Kimia			
Sains Tambahan					
Ekonomi Asas					

SECTION C – EDUCATIONAL QUALIFICATIONS					
STPM / A' Levels/ Matriculation / Foundation					
Name and Address of School/ College					Year Taken:
Tel:					
Name of Examination:					
Subject	Grade	Subject	Grade	Subject	Grade
Pengajian Am		Ekonomi		Matematik Lanjutan T	
Bahasa Melayu		Geografi		Perkomputeran	
Kesusasteraan Melayu		Perakaunan		Fizik	
Sejarah		Matematik S		Kimia	
Pengajian Perniagaan		Matematik T		Biologi	

OTHER QUALIFICATIONS / AWARDS		
Date	Name of Examination / Award	Grade / Award

SECTION D - WORK EXPERIENCE (if any)		
Name of Employer	Designation	Period

SECTION E - EXTRA- CURRICULA ACTIVITIES (Details of extra-curricula activities and sports including membership of societies/ associations)		
Date	Nature of Activity	Name of Establishment

SECTION F - FAMILY DETAILS FATHER/ MOTHER/ GUARDIAN	
Full Name :	
Permanent Address:	
Tel:	
Correspondence Address (if different from above)	
Tel:	
Occupation (If self employed, please provide details)	
Identity Card No:	Age:
Indicate Relationship (please tick): <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian	
ANNUAL GROSS INCOME (Please attach Form J or equivalent document)	
FATHER	MOTHER
	GUARDIAN (if applicable)

PARTICULARS OF SIBLINGS / OTHER DEPENDANTS				
NAME	RELATIONSHIP	AGE	OCCUPATION	ANNUAL INCOME

SECTION G - MEDICAL
State current health condition with details of any illness that requires medical attention.

SECTION H - REASONS FOR APPLICATION	
<p>STATE BRIEFLY THE REASONS WHY YOU ARE APPLYING FOR A SCHOLARSHIP AT STAMFORD COLLEGE.</p> 	

SECTION I – REFEREES	
<p>GIVE NAMES OF TWO (2) REFEREES INCLUDING ONE FROM YOUR FORMER SCHOOL / COLLEGE.</p>	
Name:	Name:
Address:	Address:
Tel:	Tel:
Occupation:	Occupation:

SECTION J - DECLARATION BY APPLICANT	
<p>I HEREBY DECLARE THAT ALL INFORMATION PROVIDED IN THIS APPLICATION FORM IS TRUE AND COMPLETE AND THAT I AM CURRENTLY NOT ON ANY SCHOLARSHIP OR LOAN.</p>	
NAME :	IC NO.
SIGNATURE:	DATE:

-----OFFICE USE ONLY-----

SECTION K – RECOMMENDATION BY HEAD OF SCHOOL	
<p>* This section must be completed by the HOS/HOC/LIC of Stamford College before forwarding to the Scholarship Committee</p>	
<p>_____</p> <p>(Signature)</p>	<p>_____</p> <p>Name</p>
<p>_____</p> <p>Date</p>	

SECTION L – RECOMMENDATION BY SCHOLARSHIP COMMITTEE	
<p><input type="checkbox"/> Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Require more information</p>	
<p>_____</p> <p>Chairman</p>	<p>_____</p> <p>Date</p>

