UNITED MALACCA UNIVERSITY SCHOLARSHIP SCHEME APPLICATION FORM

Application Procedure:

- Please type or write clearly.
- 2. If parent/parents are retired, state within brackets their occupation, name and address of employer/own business before retirement. If deceased, kindly submit death certificate.
- 3. Attach true copies of admission letter, academic transcripts/results, birth certificate and other relevant documents such as income tax notice of assessment of parents/guardians must be attached.
- 4. Completed application forms should be returned by 15th July 2023 to: -

United Malacca Berhad 6th Floor, No. 61, Jalan Melaka Raya 8, Taman Melaka Raya, 75000 Melaka. Please attach recent photograph here

Name of Ur	niversity					
Course of S	Study Offered by a	bove Uni	versity			
Duration of course			nmencement of co (mm/yyyy)	ourse	Completion of	course (mm/yyy
FINANCIAL	ASSISTANCE					
Year received	Loan or scholars	ship	Name of organi	ization/ of	ther sources	Amount per annum
SECTION A	: PARTICULARS	OF APPLI	CANT			
Full Name (a	s in IC)					
Home addre	ss (Permanent)					
City/Town						
House Tel Handphone no Email Address						
Nationality		Ra	се		Date of Birth	_
Sex M	ale Female	Ide	ntity Card (New):			
Marital Statu	Single		Married		Others	
						Dago 1 6

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SECTION B: ACADEMIC RECORD

Tamil Other:

SPM / "O" Level or Equivalent Examination Results

Nam	Name of Examination				
Sch	ool Name				
Yea	r commenced		Year completed		
No		Subjects		Grade	
STP	M / "A" Level / Mati	riculation or Equivalent	t Examination Results		
Nan	ne of Examination				
Sch	ool Name				
Yea	r commenced		Year completed		
No Subjects G				Grade	
		•			
SEC	TION C: OTHER QU	JALIFICATIONS / AWA	RDS		
Year Name of Examination / Award Grade / Award			Grade / Award		
SEC	TION D: LANGUAG	E PROFICIENCY LEVE	L (Please indicate PO	OR/FAIR/FLUENT)	
	Type of Language	Speak	Read	Write	
	asa Melayu				
Engl					
Man	darin				

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SECTION E: EXTRA-CURRICULAR ACTIVITIES

(Activities in school / college / university and leadership positions held)

Year	Club / So	ciety / Organi	sation		Title / Resp	oonsibility
- Cui	Oldb / Oc	Jisty / Organi	Jacion		1107103	
SECTION	F: WORK	EXPERIENCE	(if any)			
Period		Name o	of Employe		De	esignation
SECTION	I G: REASC	ON(S) FOR AP	PLYING			
SECTION	I H: FAMIL	Y BACKGROU	<u>JD</u>			
Father's n	ame			Mother's nam	е	
NRIC no			Age	NRIC no		Age
Address				Address		
House Tel				House Tel		
H/p no.				H/p no.		
Occupation	n			Occupation		
Gross inc	ome per mo	nth		Gross income	per month	
Name and address of employer / own business			Name and address of employer / own business			
rianno ama	(if retired, state type of employment, name and				dress of employ	er / own business
				Name and add		yer / own business oyment, name and
(if retired,	state type o		name and	Name and add	e type of empl	
(if retired,	state type o	of employment,	name and	Name and add	e type of empl	oyment, name and
(if retired,	state type o	of employment,	name and	Name and add	e type of empl	oyment, name and

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GUARDIAN (if applicable)

Guardian's n	ame	NRIC no		Age	
Address					
House Tel		H/p no.			
Occupation		Gross income	per month		
Name and address of employer / own business (if retired, state type of employment, name and address of previous employer / own business)					

PARTICULARS OF ALL BROTHERS AND SISTERS (exclude applicant)

Name	Relationship	Sex	Age	Marital status	Occupation (if studying, state level of education and name of school/institution)	Tel no (home, H/p or office)	Gross income per month

SECTION I: REFEREES

Names of two (2) referees who are known to the applicant and applicant's family for a period of not less than 3 years. Referees can be relatives or close family friends BUT not applicant's own parents, brothers / sisters or fellow students. Referees should be contactable by telephone during office hours.

Referees 1			Referees 2		
Name			Name		
Address			Address		
House Tel			House Tel		
H/p no.			H/p no.		
Occupation			Occupation		
No. of years	known		No. of years	known	
Relationship	Relationship to applicant		Relationship to applicant		

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SECTION J: DECLARATION

1.	· · · · · · · · · · · · · · · · · · ·		s illness affecting the Nervous, Respiratory, Goietic and Lymphatic Systems, Cancer, AIDS	
	No		Yes (If YES, Please give details and dates	
		-		
2.	Have you ever been convicted of a crim		ffence? Yes (If YES, Please state the charges)	
3.	Do you have any relatives working with		d Malacca Berhad or its Group of companies' Yes (If YES, please furnish the following info Name Employer Relationship	
corr	rrect and true to the best of my knowled	dge. I f	of documents provided by me in this Applica fully understand and accept that, if it is foun pany has the absolute right to disqualify my a	d that a false
Nan	nme:		I/C No.:	
Sigr	gnature:		Date:	
SEC	ECTION K: CHECK LIST TO BE COM	<u>/IPLE1</u>	TE BY APPLICANT	Please Tick (√)
1.	Completed Application Form			
2.	Photocopy of applicant's IC / Birth Ce	rtificate	е	
3.	Photocopy of SPM / 'O' Level result			
4.	Photocopy of STPM / 'A' Level / Matri	culation	on result transcript	
5.	Photocopy of University results			
6.	Letter of Offer from University			
7.	Document stating the course fee from	the Ur	Iniversity	
8.	Testimonial / Awards / Academic Cert	tificate	/ Extra-Curricular Docs	
9.	School Leaving Certificates			
10.	. Photocopy of Guardian's Form B/BE/	EA/EPI	F/Pension Statement etc	
11.	. Sibling's pay-slip (if applicable)			

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FOR OFFICE USE		
Date of Interview		
Interview Assessment		
Recommended for Scholarship	Yes	No
Interviewing Panel		
	Name:	Name:
	Designation:	Designation:
	Date:	Date:
	Name:	Name:
	Designation:	Designation:
	Date:	Date:
	Name:	Name:
	Designation:	Designation:
	Date:	Date:

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