

SCHOLARSHIP (Please tick one)

- Jeffrey Cheah Entrance Scholarship
 Others (Please specify:)

SECTION A: PERSONAL INFORMATION Use block letters

Name Gender: Female Male Age
 Date of Birth IC / Passport No. Nationality
 Mailing Address
 Tel H/P Fax number (if any)

SECTION B: EDUCATION BACKGROUND Use block letters

(i) SPM O-Level
 (ii) STPM A-Level Australian Matriculation
 (iii) UEC
 (iv) Others (Please state)
 Year Completed

SECTION C: SECONDARY SCHOOL / INSTITUTION LAST ATTENDED

Name of School
 Name of Principal Address
 Tel Fax No

SECTION D: PROGRAMME APPLIED

Programme
 Intake Level

SECTION E: FAMILY BACKGROUND

Father/Guardian Name <input type="text"/>	Age <input type="text"/>	Mother/Guardian Name <input type="text"/>	Age <input type="text"/>
Occupation <input type="text"/>		Occupation <input type="text"/>	

Siblings' details

Siblings who are working				Monthly Income (RM)	Monthly contribution to Family (RM)
Name	Age	Gender	Occupation	Name of company	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Siblings who are currently pursuing their education

Name	Age	Gender	Name of school/college	Source of financial support
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other dependents

Name	Age	Gender	Relationship	Source of financial support
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION F: OTHER FINANCIAL SUPPORT

List sources of financial support for your studies in Sunway and indicate amount:

Source(s)	Amount (RM)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

SECTION G: DECLARATION

I have read the Personal Data Protection Notice provided by Kolej Sunway Kuching pursuant to section 7 of Personal Data Protection Act 2010 (http://www.swck.edu.my/pdpa_notice_eng), which includes the purposes for which my personal data is collected/ processed and classes of third parties to whom Sunway Education Group may disclose my personal data to.

I hereby give consent to Kolej Sunway Kuching to process my personal data in accordance with the Personal Data Protection Notice.

I also hereby warrant that I have obtained all necessary consent from the third party where I have provided their personal information as part of my application.

I consent to any educational institution at which I have previously been a student and/or my current or any past employer, providing Kolej Sunway Kuching with information which they hold about me for the purpose of Kolej Sunway Kuching verifying my grades and/or qualification and experience.

I authorise Kolej Sunway Kuching to release fee and academic progress information to co-sponsor of the scholarship (if any).

I declare that the information contained in this form and in the attached documents are true and accurate to the best of my knowledge at this time. I acknowledge that Kolej Sunway Kuching reserves the right to seek from other relevant bodies verification as to the standing of my claim qualifications. I further acknowledge that the institution reserves the right to vary or reverse any decision regarding admission made on the basis of incorrect or incomplete information and that should the information be found false at any stage, the scholarship will be terminated immediately and I will be liable to repay the Institution the total sum of any payments already received.

Applicant's signature

Date of application

PARENT/GUARDIAN (IF APPLICANT IS BELOW 18 YEARS OLD)

I have read the Personal Data Protection Notice provided by Kolej Sunway Kuching Group pursuant to section 7 of Personal Data Protection (http://www.swck.edu.my/pdpa_notice_eng), which includes purposes for which my child/ward's personal data is collect-ed/processed and classes of third parties to whom Kolej Sunway Kuching will/may disclose my child/ward's personal data to.

I hereby give consent to Kolej Sunway Kuching to process my child/ward's personal data in accordance with the Personal Data Protec-tion Notice.

Parent/ Guardian's signature

Date

Application received by: _____ (Education Course Counsellor) Date _____

OFFICE USE ONLY

Scholarship Committee's Decision:

Approved Amount

Not Approved

Name

Signature

Date