

SCHOLARSHIP APPLICATION FORM

SCHOLARSHIP (Please tick one)

- Jeffrey Cheah Entrance Scholarship Jeffrey Cheah Continuing Scholarship Sibling & Parent Alumni Discount
 Jeffrey Cheah Group Scholarship Sunway Sports Scholarship Jeffrey Cheah Community Bursary
 Other _____

SECTION A: PERSONAL INFORMATION (Use block letters)

Name _____ IC / Passport No. _____ Age _____
Home Address _____
E-mail Address _____ H/P No. _____

SECTION B: QUALIFICATION (Please tick and attach certified copy of certificate/results transcript)

- (i) SPM O-Level Other, (Please state) _____ Year Completed _____
(ii) STPM A-Level Australian Matriculation International Baccalaureate (IB) UEC
 Sunway Foundation Sunway Diploma
 Other, (Please state) _____ Year Completed _____

SECTION C: SECONDARY SCHOOL / INSTITUTION LAST ATTENDED

Name of School _____ Name of Principal _____
School Address _____

SECTION D: PROGRAMME APPLIED

Programme _____ Intake _____

SECTION E: SPORTS PARTICIPATION AND ACHIEVEMENT INFORMATION

(For Sunway Sports Scholarship only)

Type of Sports	Involvement Period	Remarks
National _____	_____	_____
State _____	_____	_____

Please attach a separate sheet of your involvement in the relevant sports of the past 2 years.

SECTION F: FAMILY BACKGROUND

(Please attach certified copy of Parents'/Guardian's income tax statement and 3 consecutive months' salary slips. For retirees, the last drawn pay slip must be enclosed)

Father/Guardian	Mother/Guardian
Name	Name
I.C. No.	I.C. No.
Occupation	Occupation
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased
*Name & Address of Employers	*Name & Address of Employers
Monthly Income (RM)	Monthly Income (RM)
Income from other sources (RM)	Income from other sources (RM)

*Please indicate if your parents/guardians are self-employed.

Sibling's or other dependents' details

Name	Gender M/F	Age	If Working		If Studying	
			Occupation	Monthly Income (RM)	Name of School/Institution	Source of Financial Support

Residential Home/Community Care Centre Information

Name of home/centre	
Address	
Name of coordinator/chairperson/supervisor/leader	
Position/title	
Telephone no. (home/centre)	
H/P	
Email address	

SECTION E: DECLARATION

I have read the Personal Data Protection Notice provided by Sunway College 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 Sunway College 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 Sunway College Kuching with information which they hold about me for the purpose of Sunway College Kuching verifying my grades and/or qualification and experience.

I authorise Sunway College 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 Sunway College 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.

(Please tick to indicate consent)

I understand that my acceptance of the Scholarship is upon receiving the Scholarship offer letter issued by Sunway College Kuching. I have read and agree to abide by the Scholarship's terms and conditions stipulated in the attached Scholarship brochure, with full understanding that the Scholarship will be withdrawn should any of the terms and conditions be broken.

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 Sunway College 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 collected/processed and classes of third parties to whom Sunway College Kuching will/may disclose my child/ward's personal data to.

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

Parent/Guardian's signature

Date

OFFICE USE ONLY

Supporting Documents Checklist:

- | | |
|---|--|
| <input type="checkbox"/> SPM/O-level/OSSC/IB MYP certificate | <input type="checkbox"/> Relevant document(s) from relevant Sports Board/Association |
| <input type="checkbox"/> STPM/UEC/Foundation/Pre-University/Diploma certificate | <input type="checkbox"/> Essay in 200 words |
| <input type="checkbox"/> Identity Card/Passport | <input type="checkbox"/> Parents'/guardian's Income Tax Statement |
| <input type="checkbox"/> Curriculum Vitae (CV) | <input type="checkbox"/> 3 month Salary slips |
| <input type="checkbox"/> Sports/Extracurricular activities certificate(s) | <input type="checkbox"/> EPF statement |

Approved Not Approved Amount _____

Name _____ Signature _____ Date _____

