



**INTERNATIONAL
COLLEGE
IMPERIA**

SCHOLARSHIP APPLICATION FORM

For Academic Year _____

Recent
Photograph

Read the application procedures and the terms and conditions carefully before completing same.

Course Applied For:

Are you presently enrolled at any University/College?

YES NO

If "YES", please provide the following information:

Name of education institution:

Name of the course and year enrolled:

Application Procedure:

Print clearly or write legibly. False particulars or willful suppression of material facts will render you liable to disqualification. All required documents must be submitted with application. Closing date as advertised. Applications received after the closing date will be disqualified.

Note: *Proof of posting is not proof of receipt.*

Address application form to: **Chief Executive Officer**
Level 11, Menara Summit,
Persiaran Kewajipan, USJ 1,
47600 Subang Jaya, Selangor Darul Ehsan.
scholarship@imperia.edu.my

Application must meet the following conditions:

- Malaysian citizens below 25 years of age as on 1st January this year. This condition is not applicable for those applying for post-graduate awards.
- Possess good results in SPM/STPM or other equivalent qualifications.
- Be active in sport and extra-curricular activities.
- Must not be bonded to or in receipt of any financial aid or rewards from other educational institutions or organisations.
- Must be able to gain admission to approved educational institutions.

NOTE:

Kindly note that recipient of awards or scholarships will be required to sign a bond with the college or any of its subsidiary within the company upon successfully completed your course of study.

The scholarship award is not a cash award but it will be in the form of academic course offered by the college. The scholarship only covers Tuition Fee only.

Section A**Personal Details**

Full Name (as in IC):

Residential Address:

City/Town: State: Postcode: House Tel: - Handphone No: -

Email Address:

Nationality: Race: Religion: Date of Birth: / /
Day Month YearSex: Male
 FemaleIdentity Card:
New Marital Status: Single
 MarriedLanguages: Spoken:
Written:**Section B****Educational Qualifications****SPM / "O" Level Examination Results**

Name and Address of School:	Year Taken
Tel: <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"/>	

Subject	Grade	Subject	Grade

STPM / "A" Level / UEC / Other Pre-University Examination Results

Name and Address of School:	Name of Examination:
Tel: <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"/>	

Year Taken:	Overall Grade:	Aggregate/CGPA:
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Subject	Grade

Subject	Grade

Other Qualifications / Awards

Date	Name of Institution / Award	Grade / Award

Section C Medical Condition

State present health condition and give details of any illness or disability that requires attention:

Section D Extra-Curricular Activities / Reason(s) for Applying

On a separate sheet of paper, please provide:

a) Details of extra-curricular activities, including membership of societies / associations.

b) A personal statement (not exceeding 500 words) stating your reasons for applying this scholarship.

Section E Family Background

Father		
Name:	Age:	I/C No: <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"/> <input type="text"/> <input type="text"/> <input type="text"/>
Home Address:	House: <input type="checkbox"/> Family Owned <input type="checkbox"/> Rented	
Tel: <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"/>	Occupation:	
Name and Address of Employer:		
Tel: <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"/>		

Mother			
Name:	Age:	I/C No:	<input type="text"/>
Name and Address of Employer:		Occupation:	
Tel: <input type="text"/>			

Guardian (If applicable)			
Name:	Age:	I/C No:	<input type="text"/>
Name and Address of Employer:		Occupation:	
Tel: <input type="text"/>			

If parents / guardians are self-employed, provide the following particulars.		Length of Establishment of Business
Name and Address of Business:	Nature of Business:	<input type="text"/> <input type="text"/> Year(s) month(s)
Tel: <input type="text"/>	If partnership or joint venture, state share held by parents / guardian.	
Is the business wholly-owned? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Are you related to any employee(s) of Imperia College and its subsidiary companies?		
<input type="checkbox"/> If Yes, please provide the following information		
<u>Name</u>	<u>Company/Department</u>	<u>Relationship</u>
.....
.....
.....

Annual Gross Income of Parents / Guardian (Last Year)

	Father (RM)	Mother (RM)	Guardian (RM)	Total (RM)
Employment				
Business				
Rental				
Others				
Total				

Family Expenditure

Type of Expenditure	Monthly (RM)	Yearly (RM)
House Installments / Rental		
Electricity / Water		
Telephone		
Loan Repayment (car / motorbike / appliances)		
Transport		
Education		
Others (please specify):		
Total		

Names and Particulars of Siblings / Other Dependents

Name	Relationship	Age	Marital Status	Occupation	Annual Income (RM)

Section F Referees

Give names, addresses and occupations of two (2) referees (*not related to the applicant*)

Name: (Dr Mr. Mrs. Ms)

Name: (Dr Mr. Mrs. Ms)

Address

Tel:

Address

Tel:

Occupation:

Occupation:

Were you a scholarship recipient before?: YES NO

If "YES" please provide the following information:-

<u>Year</u>	<u>University / College</u>	<u>Course</u>	<u>Sponsor</u>
.....

Has/have any of your brother(s) or sister(s) benefited from any other scholarships offered by the college? YES NO

<u>Name</u>	<u>Relationship</u>	<u>Course</u>
.....

PLEASE ATTACH A COPY OF THE FOLLOWING DOCUMENTS.

<input type="checkbox"/> MyKad (both sides on A4 size paper)	<input type="checkbox"/> SPM / STPM / 'A' Level / Other Equivalent Qualifications Results / Certificates
<input type="checkbox"/> Testimonial(s) and Record(s) of Participation in Extra-Curricular Activities.	<input type="checkbox"/> MUET / IELTS / TOEFL (if any)
<input type="checkbox"/> Birth Certificates	<input type="checkbox"/> Supporting documents(s) on financial status (Payslips / EA Form / Income Tax Form)

DECLARATION BY APPLICANT

I hereby confirm that all information given herein are true, accurate and correct at the time of application.

I recognize that the information constitutes representations to you whereby your judgement may be based. If at anytime hereafter you were to find such information materially false / untrue or if there is any omission, you shall be at liberty to take such action against me and my guarantor(s) including termination of any benefit granted me and recovery of any benefit hitherto extended me and all costs thereby incurred shall be borne by me.

I hereby agree, consent, and allow Imperia College to share all my personal information contained herein with any and/or all of college or subsidiary.

I undertake to complete the course of study with diligence and within minimum time, to report to you and to furnish you progress reports / term results immediately upon their issuance to me and all receipts for payment of fees and incidental expenses.

I understand that I may have to execute a scholarship bond and to furnish you suitable guarantor(s) or form of security that I may be required to execute and sign any document prior to any award given to me.

I confirm that I have read all the terms and conditions in respect of this application and I hereby agree to be bound by the same.

Name: I/C No.:

Signature: Date:

For Office Use

Date Application Received:

Documentation Required:

Date of Interview:

Remarks:

Recommended for Scholarship:
<input type="checkbox"/> YES <input type="checkbox"/> NO

Remarks:

SELECTION PANEL		
.....
1) Name:	2) Name:	3) Name:
Designation:	Designation:	Designation:
Date:	Date:	Date:

Notes

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