

ACADEMIC YEAR	COURSE APPLIED FOR	INSTITUTION

1. PERSONAL INFORMATION

FULL NAME (as in I/C)

NATIONALITY	IDENTITY CARD NO	DATE OF BIRTH	SEX	MARITAL STATUS
			M <input type="checkbox"/> F <input type="checkbox"/>	S <input type="checkbox"/> M <input type="checkbox"/> D <input type="checkbox"/>

RESIDENTIAL ADDRESS

POSTCODE	HOUSE TEL	MOBILE NO		
LANGUAGE	SPOKEN	WRITTEN		

2. ACADEMIC RESULTS (PLEASE STATE YOUR GRADES ACHIEVED. (E.G; 5A's, First Class))

YEAR	ACADEMIC QUALIFICATIONS & NAME OF EDUCATION INSTITUTION	RESULT

Note:

Please attach a copy of your OFFICIAL RESULTS for all completed academic qualifications. Do not send your results SEPARATELY.

3. EXTRA-CURRICULAR ACTIVITIES

ACTIVITIES	LEVEL	ACHIEVEMENT

4. FAMILY BACKGROUND

FATHER

NAME	AGE	I/C NO:
HOME ADDRESS:	HOUSE: <input type="checkbox"/> Family Owned <input type="checkbox"/> Rented	
TEL: Name & Address of Employer	OCCUPATION:	
TEL:		

MOTHER

NAME		AGE		I/C NO:															
HOME ADDRESS:															HOUSE:				
TEL:															<input type="checkbox"/> Family Owned				
Name & Address of Employer															<input type="checkbox"/> Rented				
TEL:															OCCUPATION:				

4.1 ANNUAL GROSS INCOME

Please provide your family's estimated combined annual income in Malaysian Ringgit.

	FATHER (RM)	MOTHER (RM)	GUARDIAN (RM)	TOTAL (RM)
EMPLOYMENT				
BUSINESS				
RENTAL				
OTHERS				
TOTAL				

4.2 FAMILY EXPENDITURE

TYPE OF EXPENDITURE	MONTHLY (RM)	YEARLY (RM)
HOUSE INSTALLMENTS / RENTAL		
ELECTRICITY / WATER		
TELEPHONE		
LOAN REPAYMENT (CAR/MOTOR/APPLIANCES)		
TRANSPORT		
EDUCATION		
OTHERS		
TOTAL		

4.3 NAMES AND PARTICULARS OF SIBLINGS / OTHER DEPENDENTS

NAME	RELATIONSHIP	AGE	MARITAL STATUS	OCCUPATION	ANNUAL INCOME (RM)

I realize that this proof may include a copy of a tax return and/or income tax return. I realize that failure to comply with a request for further information may prevent the applicant from being considered. I understand that the financial information will be confidential, for review solely by BAC EDUCATION Scholarship Foundation.

5. DECLARATION

I hereby declare that the statement made by me is correct and to the best of my knowledge and belief and I agree to be bound by the terms and conditions including the terms of the Privacy Notice which I have read and understood. I hereby give my consent to BAC EDUCATION and its affiliates to process my personal data in accordance with the said Privacy Notice and allow my information to be transferred abroad. I am fully aware that my personal data shall be stored in BAC EDUCATION's database and I agree to receive future notification from BAC EDUCATION and its affiliates for any future courses, promotions or events.

APPLICANT'S SIGNATURE

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DATE

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SUBMIT COMPLETE APPLICATION, INCLUDING ALL DOCUMENTATION. APPLICATIONS WILL NOT BE CONSIDERED UNLESS COMPLETE. DO NOT SEND MATERIALS SEPARATELY.

Checklist for attachments:

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

FOR OFFICE USE ONLY

DATE APPLICATION RECEIVED	REMARKS
DATE OF INTERVIEW	

SELECTION PANEL

Name:
Institution:
Date:
Signature:

Name:
Institution:
Date:
Signature:

Name:
Institution:
Date:
Signature:

Name:
Institution:
Date:
Signature:

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