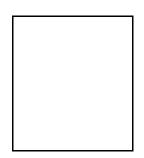


ECM LIBRA FOUNDATION (671187-W)

Application Form Scholarship Program



This application form is divided into two (2) sections. Part I must be completed by the Applicant. Part II is to be completed by an academic referee who has personal knowledge of the Applicant's academic history. Applicants are to ensure that certified true copies of supporting documents are attached (see Checklist). The completed Application Form should be returned to: **ECM Libra Foundation**, **8A**, **Wisma Genting**, **Jalan Sultan Ismail**, **50250 Kuala Lumpur**. Only Application Forms accompanied by complete documentation will be considered.

Only shortlisted Applicants will be notified.

The Application Form must be completed LEGIBLY in BLOCK LETTERS using **black ink only**. All details must be provided. If the space provided is insufficient, please use separate sheet(s) of paper and number them appropriately.

PART I

Personal Particulars

Name:					
	(Please und	erline surname)			
New NRIC No:				Old NRIC No:	·
Date of Birth:					
Gender:	🗖 Male	🗖 Female			
Marital Status:	Single	Married	Divorced	Widowed	
Race:	🗖 Malay	Chinese	🗖 Indian	Cthers	Please specify
Home Address:					
Correspondence					
Address:					
House Tel No:				Mobile No:	
Office Tel No:				E-mail Address	:



Course of Study					
Type of Scholarship applied for:	Undergraduate				
	Postgraduate				
	Others (Please specify)				
College/Institution/University gained admissi	ion/applied to (Please attach Letter of Admission/Offer):				
Name:					
Address:					
Course applied/pursuing:					
Duration of Course:					
Course Fees per annum:	<u>RM</u>				
Date of Commencement of Course:					
Date of Completion of Course:					

Academic Qualifications

(Please provide certified copies of results/certificates)

		Examination/Qualification		
No	Name of School/Institution	Attained	Year	Grade/Score
1				
2				
3				
4				
5				

Extra-Curriculum Activities

(Please provide certified copies of certificates of achievements)

No	Name of Uniformed Society or Activities participated	Name of School or Event	Achievement Attained
1	· · ·		
2			
3			
4			
5			
6			
7			
8			
9			
10			



Family Particulars

Father's Name:	 Age:	
Address:	 Tel (Hse):	
	 HP No:	
Occupation:	 Annual Income:	<u></u>
Employer:		
Mother's Name	 Age:	
Occupation:	 Annual Income:	
Employer:	 HP No:	

Particulars of Siblings

No	Name	Gender	Age	Occupation	Name of Employer/School
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Particulars of Spouse (if Applicant is married)

Name:						
	(Please underline surname)					
New NRIC No:				Old NRIC No:		
Date of Birth:				HP No:		
Gender:	🗖 Male	🗖 Female				
Race:	Malay	Chinese	🕅 Indian	Conterner Conterner Conterner	Please specify	



In 200 words or less, state why you deserve to be offered this scholarship. *(continue on a separate sheet, if required)*



<u>PART II</u>

To be completed	d by Academic	<u>c Referee</u>			
Name:				Occupation:	
Institution/Employer				Tel:	
Email: Address:					
1. How long have y	ou known the App	blicant?	years	months	
2. How would you r	ate the Applicant's	s academic record ar	nd ability? (Pleas	e check one)	
Cutstanding	Excellent	Very Good	Good	Average	Poor
3. In your opinion, h in the same cour		e the Applicant's cur	rent academic st	anding against other	students
Top 1%	🗖 Тор 5%	Top 10%	Not in Top 10%	, 0	
4. Is the Applicant s candidate's streng	gth and suitability.	pposed course of stur			he
5. Additional Comn	nents:				
	rm that the above	information is true a	nd accurate to th	ne hest of my knowle	
belief.	m mai me above	information is true a	חט מטטוומופ, וט וו		anu
Signature:		New NR	IC:	Da	ate:



Declaration by Applicant:

I hereby declare that:

- 1 All the information given in this Application Form and all the documents submitted are complete, true and correct. I authorise the Foundation to verify the information from whatsoever sources and by whatever means that the Foundation deems appropriate.
- 2 I understand that the Foundation reserves the right to forfeit my eligibility for the Scholarship or revoke any Scholarship approval granted to me or recall any Scholarship granted to me in the event that:

a) any of the information, statement or fact disclosed in this Application Form is false or incorrect; or

b) if there is any misrepresentation of information, statement or fact in this Application Form; or

c) if any of the documents submitted in support of this application is falsified or forged.

- 3 I have never been made a bankrupt and there are no threatened, pending or existing bankruptcy proceedings commenced against me.
- 4 I do not have any criminal record.
- 5 I understand and accept that the Foundation reserves the right and has the absolute discretion to approve or reject my application without assigning any reason whatsoever and I accept all decisions by the Foundation as final and conclusive.
- 6 The Foundation shall not be held responsible for any loss or delay in respect to this application.

Signature of Applicant

Date

Name: NRIC No: