



**MASTER BUILDERS ASSOCIATION MALAYSIA  
EDUCATION FUND  
Scholarship Awards 2015**



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

| Courses Applied For : | Name of Local/ Private University |
|-----------------------|-----------------------------------|
| 1 .....               | .....                             |

Are you presently enrolled at any Local/ Private University : (YES / NO)

If "yes", please provide the following information :

Name of Local/ Private University : .....

Name of the course and year enrolled: .....

**Application Procedures:**

Print clearly or write legibly. False particulars or willful suppression of material facts will render you liable to disqualification. Certify photocopies of all required documents must be submitted with application. Closing date as advertised. Applications received after the closing date will be disqualified. Applications must be in sealed envelopes and marked on the TOP LEFT HAND CORNER "MBAM Education Fund 2015".  
*Note: Proof of posting is not proof of receipt.*  
 Address application form to:

**Executive Director  
Master Builders Association Malaysia (MBAM)  
2-2 (2<sup>nd</sup> Floor) Jalan 2/109E  
Desa Business Park  
58100 Kuala Lumpur  
Wilayah Persekutuan Kuala Lumpur**

- Applicants must meet the following conditions :
- Malaysian citizens below 35 years of age as on 1<sup>st</sup> January for year of intake for first level tertiary education leading to a bachelor degree or professional qualification in local/ private university.
  - Offer of scholarships will only be made when the Board of Management receives the actual results of examination and original offer letter from local/ private university confirming admission for a course related to the construction industry.
  - Must not be bonded to or in receipt of any financial aid or rewards from other educational institutions or organizations.
  - Be active in sports and extra-curricular activities.

**Section A Personal Details**

Full Name (as in IC) :  
 \_\_\_\_\_

Residential Address :  
 .....  
 ..... Post Code : .....

House Tel : ..... Handphone No. : ..... E-mail Address : .....

Nationality : \_\_\_\_\_ Race : \_\_\_\_\_ Religion : \_\_\_\_\_

Date of Birth : ..... / ..... / ..... Sex :  Male  Female Identity Card No. : \_\_\_\_\_ (New)

Marital Status :  Single  Married

Languages :  
 Spoken : \_\_\_\_\_ Written : \_\_\_\_\_

**Section B****Educational Qualifications****SPM / SPVM Examination Results**

|                            |  |
|----------------------------|--|
| Name and Address of School |  |
|                            |  |
| Tel :                      |  |

|                 |             |
|-----------------|-------------|
| Year Taken :    |             |
|                 |             |
| Overall Grade : | Aggregate : |
|                 |             |

| Subject | Grade |
|---------|-------|
|         |       |
|         |       |
|         |       |
|         |       |
|         |       |

| Subject | Grade |
|---------|-------|
|         |       |
|         |       |
|         |       |
|         |       |
|         |       |

**STPM / "A" Level Examination Results**

|                              |  |
|------------------------------|--|
| Name and Address of School : |  |
|                              |  |
| Tel :                        |  |

|                       |
|-----------------------|
| Name of Examination : |
|                       |

|              |  |
|--------------|--|
| Year Taken : |  |
|--------------|--|

|                 |  |
|-----------------|--|
| Overall Grade : |  |
|-----------------|--|

|                    |  |
|--------------------|--|
| Aggregate / CGPA : |  |
|--------------------|--|

| Subject | Grade |
|---------|-------|
|         |       |
|         |       |
|         |       |
|         |       |
|         |       |

| Subject | Grade |
|---------|-------|
|         |       |
|         |       |
|         |       |
|         |       |
|         |       |

**Other Qualifications / Awards**

| Date | Name of Examination / Award | Grade / Award |
|------|-----------------------------|---------------|
|      |                             |               |
|      |                             |               |
|      |                             |               |
|      |                             |               |

**Section C****Work Experience (if any)**

| Name and Address of Employer | Designation | Period |
|------------------------------|-------------|--------|
|                              |             |        |
|                              |             |        |
|                              |             |        |
|                              |             |        |
|                              |             |        |

**Section D****Extra-curricular Activities**

Details of extra-curricular activities, including membership of societies / associations *(You may use a separate sheet of paper)*

|  |
|--|
|  |
|--|

**Section E****Medical Condition**

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

|  |
|--|
|  |
|--|

**Section F****Reason(s) for Application**State briefly your reason(s) for applying this scholarship *(You may use a separate sheet of paper)*

|  |
|--|
|  |
|--|

**Section G****Family Background****Father**

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

**Mother**

|                                |  |              |           |
|--------------------------------|--|--------------|-----------|
| Name :                         |  | Age :        | I/C No. : |
| Name and Address of Employer : |  | Occupation : |           |
|                                |  |              |           |
| Tel :                          |  |              |           |

**Guardian (if applicable)**

|                                |  |              |           |
|--------------------------------|--|--------------|-----------|
| Name :                         |  | Age :        | I/C No. : |
| Name and Address of Employer : |  | Occupation : |           |
|                                |  |              |           |
| Tel :                          |  |              |           |

If parents / guardian are self-employed, provide the following particulars.

|   |                      |  |
|---|----------------------|--|
| Name and Address of Business :  | Nature of Business : | Length of Establishment<br>Of Business : |
|   |                      | ..... month(s) ..... year(s)             |
| If partnership or joint venture, state share held by parents / guardian.                |                      |  |
| Tel :   |                      |  |
| Is the business wholly-owned ? <input type="checkbox"/> Yes <input type="checkbox"/> No |                      |  |

**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 Installment / Rental                     |              |             |
| Electricity / Water                            |              |             |
| Telephone                                      |              |             |
| Loan Repayment (car / motor-bike / appliances) |              |             |
| Transport                                      |              |             |
| Education                                      |              |             |
| Others   |              |             |
| Total  |              |             |

**Name and Particulars of Siblings / Other Dependents**

| Name | Relationship | Age | Marital Status | Occupation | Annual Income (RM) |
|------|--------------|-----|----------------|------------|--------------------|
|      |              |     |                |            |                    |
|      |              |     |                |            |                    |
|      |              |     |                |            |                    |
|      |              |     |                |            |                    |
|      |              |     |                |            |                    |
|      |              |     |                |            |                    |
|      |              |     |                |            |                    |
|      |              |     |                |            |                    |
|      |              |     |                |            |                    |

**Section H 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 :

## DECLARATION BY APPLICANT

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 hither to extended me and all costs thereby incurred shall be borne by me.

I recognize that if any award is not a direct grant of Master Builders Association Malaysia (MBAM) but is granted by any other sponsor / donor / educational institution or any corporation, person or organization through MBAM, any subsequent failure to contribute, any discontinuance or termination, suspension or variation shall not be the responsibility of MBAM and I hereby agree to waive any right of action(s) against MBAM.

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: .....

**PLEASE ATTACH A CERTIFY COPY OF THE FOLLOWING DOCUMENTS**

- |   |  |
|---|--|
| <input type="checkbox"/> Identity Card (both sides)   | <input type="checkbox"/> SPM / SPVM / STPM / 'A' Level / Other Equivalent Qualification      |
| <input type="checkbox"/> Testimonial(s) and Record(s) of Participation in Extra-curricular Activities | <input type="checkbox"/> Latest Form J (Income Tax Return) of Applicant's Parents / Guardian |
| <input type="checkbox"/> Birth Certificate  | <input type="checkbox"/> Latest 3 months Payslip of Applicant's Parents / Guardian           |

Were you a scholarship recipient before? **(Yes / No)**  
 If "yes" please provide the following information:-

| Year  | University / College | Course |
|-------|----------------------|--------|
| ..... | .....                | .....  |

Has/have any of your sibling(s) [brother(s) / sister(s)] benefited from this Fund?  
 If applicable, please state the following:-

| <u>Name</u> | <u>Relationship</u> | <u>Course</u> | <u>College</u> | <u>Year Admitted</u> |
|-------------|---------------------|---------------|----------------|----------------------|
| .....       | .....               | .....         | .....          | .....                |
| .....       | .....               | .....         | .....          | .....                |
| .....       | .....               | .....         | .....          | .....                |

**For Office Use**

Date Applications Received :

Documentation Required :

Date of Interview :

Remarks :

Recommended for Scholarship :

Yes       No

Remarks :

\_\_\_\_\_  
Signature of Chairman, Evaluation Committee

Date :

**Notes**

Large empty box for notes.