

MASTER BUILDERS ASSOCIATION MALAYSIA EDUCATION FUND

Scholarship Awards 2022

Recent Passport Size Photograph

Read the application procedures and the terms and conditions car	refully 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:	(Attached Letter of Offer from the university)
disqualified. Applications must be in sealed envelopes and marked on the 1 Note: Proof of posting is not proof of receipt.	 n. Closing date as advertised. Applications received after the closing date will be TOP LEFT HAND CORNER "MBAM Education Fund 2022".
Master E No.2 Jala Desa Bus 58100 Ku	re Director Builders Association Malaysia (MBAM) an 2/109E siness Park uala Lumpur Persekutuan Kuala Lumpur
qualification in local/ private university.	ntake for first level tertiary education leading to a bachelor degree or professional ent receives the actual results of examination and original offer letter from local/ruction industry. other educational institutions or organizations or foundations.
Section A	Personal Details
Full Name (as in IC):	

Residential Address: Handphone No.: ... E-mail Address: Nationality: Religion: Race: Identity Card No. : Male Female Date of Birth: Sex: / / (New) Marital Status : Languages: Single Married Written: Spoken:

Section B		Educat	ion	al Qualification	าร			
		SPM / SPVM Exa	mir	nation Results				
Name and Add	ress of School					Year Taken :		
					ŀ	Overall Grade	2 .	Aggregate :
					П	Overall Grade		Aggregate:
Tel:			_					
	Subject	Grade				Subject		Grade
		CTDBA / "A" 1 15		almosticus Beer II				
Name and Add	ress of School :	STPM / "A" Level Ex	kan	nination Result	:s I ∏	Name of Exar	mination ·	
Name and Add	ress of School .				П	Traine or Exam	imacion .	
Tel:	1				<u> </u>		_	
Year Taken :	Subject	Overall Grade :	_	Ag		Subject		Grade
	•					,		
		Other Qualifica	tio	ns / Awards				
Date		Name of Examination / Aw	ard				Gr	ade / Award
Section C		Work	Fyr	perience (if any	·)			
3000000	Name and	Address of Employer		ericinee (iii diliy		Designat	tion	Period

Extra-curricular Activities
urricular activities, including membership of societies / associations (You may use a separate sheet of paper)

Section E	Medic	cal Condition		
State present	health condition and give details of any illness or disability that r	requires attention		
Section F	Reason	n(s) for Application		
	our reason(s) for applying this scholarship (You may use a separ			
,		200 cm coo of paper,		
Section G	Fan	nily Background		
	Fath	ner		
Name :		Age:	I/C No.:	
Home Addres	s:		House :	
			Fami	y Owned
			Rent	ed
Tel :				
Name and Ad	dress of Employer :		Occupati	on:
Tel :				
	Mot		. / 5	
Name :	dress of Employer :	Age:	I/C No. : Occupatio	n:
Tel :				
	Guardian (if	applicable)		
Name :		Age:	I/C No. :	
Name and Ad	dress of Employer :		Occupatio	n:
Tel:				
If parents / gu	ardian are self-employed, provide the following particulars.			Length of Establishment
	dress of Business :	Nature of Business :		Of Business :
				month(s) year(s)
		If partnership or joint ve	nture, state s	hare held by parents / guardian.
Tel :				
Is the busines	s wholly-owned ?			

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)

ove names, addresses and occupations of two (2) referees (not related to the	
Name : (Dr / Mr / Mrs / Ms)	Name: (Dr / Mr / Mrs / Ms)
Address:	Address:
Tel:	Tel:
101	
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. NRIC No.: Signature: Date: PLEASE ATTACH A CERTIFIED COPY OF THE FOLLOWING DOCUMENTS: ☐ Identity Card (both sides) SPM / SPVM / STPM / 'A' Level / Other Equivalent Qualification Latest Form J (Income Tax Return) of Applicant's Parents/Guardian Testimonial(s) and Record(s) of Participation in Extracurricular Activities ☐ Birth Certificate Latest 3 months Payslip of Applicant's Parents / Guardian Enclosed my Personal Statement as required in my application for the MBAM Education Fund. 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:-Relationship College Year Admitted <u>Name</u> Course

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	For Office Use	
Date Applications Received :	Documentation Required :	
Date of Interview : Remarks :		
Date of filterview.		
Recommended for Scholarship :	Remarks :	
Yes No		
Signature of Chairman, Evaluation Committee		Date :
	I	
	Notes	