

THE STAR EDUCATION FUND

Application Form For Tier 2 Scholarship

Stor CATION FUND

For Academic Year _____

Recent Photograph

Read the application procedures and the terms and conditions carefully before completing same.						
Course Applied For:		Name of Institution:				
Are you presently enrolled	at any University/College?:	YES	□ NO			
If "yes", please provide the	following information:					
Name of education institution	on:	***************************************				
Name of the course and yes	ar enrolled	(
Application Procedure	e:					
, , ,	se particulars or wilful suppression ion. Closing date as advertised. App of of receipt.		,	•		
Address application form to:	The Manager The Star Education Fund c/o Star Media Group Bhd Menara Star 15 Jalan 16/11, Section 16 46350 Petaling Jaya, Selango	or Darul Ehsan				

Applicants 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 sports 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.

Kindly note that recipients of awards or scholarships which are not directly offered by The Star but are offered by any other sponsors / donors / educational institutions or any corporations, persons or organisations through The Star may be required to sign a bond with the awarding organisations / benefactors.

The scholarship award is not a cash award but will be in the form of academic course to be offered by the participating colleges / institutions of higher learning / universities with the tuition fee and / or such other incidental expenses fully paid up.

Section A	Personal Details
Full Name (as in IC):
Residential Addre	ess:
1, 2000 pt 1020 2000 000 000 000 000 000 000 000 0	State: Postcode:
House Tel:	- Handphone No:
Email Address;	
Nationality:	Race: Religion:
Date of Birth:	Sex: Male Female Identity Card: (New)
I lai ital Status.	☐ Single Languages: Spoken:

Educational Qualifications

	S	SPM / "O" Level E	xamination Re	esults	
Tel:	Name and A	ddress of School:		Year T	aken:
	Subject	Grade		Subject	Grade
		Si udo			5,400
	STPM / "A" Level	dress of School:	re-University	Examination Res	
Tel:					
Year Taken:		Overall Grade:		Aggregate / CGPA:	
				6.1.	
	Subject	Grade		Subject	Grade
		Other Qualificat	ions / Awards		
Date		Name of Institu	tion / Award		Grade / Award
Section C		Work E	xperience (if a	ny)	
	Name and Address of	of Employer		Designation	Period

Section D	Med	dical Condition						
State present he	ealth condition and give details of any illness or disability that r	requires attention:						
Section E	Extra-Curricular Act	tivities / Reason	n(s) for App	lying	3			
On a separate s	heet of paper, please provide:							
a) Details of ex	tra-curricular activities, including membership of societies / ass	sociations.						
	tatement (not exceeding 500 words) stating your reasons for a							
C. dia E	_							
Section F	Fami	ily Background						
	Fath	ner						
Name:		Age:	I/C No:	$\perp \perp \perp$				$\perp \perp \perp$
Home Address:			House:					
			☐ Family Owne	b:				
			Rented					
Tel:								
Name and Addres	is of employer:		Occupation:					
Tel:								
	Mot	her						
Name:	45	Age:	I/C No:			Ш	Ш	
Name and Addres	s of Employer:		Occupation:					
Tel:								
	Guardian (i	if applicable)						
Name:		Age:	I/C No:					
Name and Addres	s of Employer:		Occupation:					
Tel:								
If parents / guardi	an are self-employed, provide the following particulars.				Len	gth of I	Establi	ishment
Name and Addre	ess of Business:	Nature of Business:			of B	Business	s:	
					ye	ear(s)	mo	onth(s)
		If partnership or join	nt venture, state sl	are hel	d by p	arents	/ guar	dian.
Tel:								
Is the business wh	olly-owned?							
Are you related	to any employee(s) of Star Media Group Berhad and its subsid	diary companies?						
☐ If Yes, please	provide the following information							
Name	Company / Department		<u>Relatio</u>	nship.				

nnual Gross Income of Parents / Guardian (Last Year)						
	Father (RM)	Mother (RM)	Guardian (RM)	Total (RM)		
Employment						
Business						

	Father (RM)	Mother (RM)	Guardian (RM)	Total (RM)
Employment				
Business				
Rental				
Others				
Total				
- 11 - 11				

Family Expenditure

Tel:

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

Names and Particulars of Siblings / Other Dependents

	•				
Name	Relationship	Age	Marital Status	Occupation	Annual Income (RM)

Section G 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:	Address:

Occupation:	Occupation:

Tel:

<u> Unversity Col</u>	<u>llege</u>		Course	<u>Spo</u>	onsor
Has/have any of your brother(s) f yes, please state the following		ed from this	Fund?	YES	∐ NO
Name_	<u>Relationship</u>	Course		<u>College</u>	Admission Year
NB: Students may apply for mo separate application form. I College / University				, please provide the fol	
l)				фриец	
2)					
3)					
4)					
PLEASE ATTACH A CO	PY OF THE FO	LLOWIN	G DOCUME	NTS.	
MyKad (both sides on A4 siz	ze paper)				quivalent Qualifications
Testimonial(s) and Record curricular Activities	(s) of Participation in	n Extra-	Results / C	Lerificates LTS / TOEFL (if any)	
Birth Certficate				g document(s) on finand Income Tax Form)	cial status (<i>Payslips</i> /
	DECLAR	ATION	BY APPL	ICANT	
I hereby confirm that al	U information given l	harain ara tr	ue eccurate and	Learnest at the time of	application
I recognise that the info anytime hereafter you shall be at liberty to ta granted me and recover	ormation constitutes were to find such it ake such action aga	representat nformation r inst me and	ions to you whe materially false / I my guarantor(reby your judgement m untrue or if there is a s) including terminatio	nay be based. If at ny omission, you n of any benefit
I recognise that if any a sor / donor / educatio quent failure to contri responsibility of The St	nal institution or ar ibute, any discontir	ny corporation	on, person or o ermination, susp	rganisation through <i>The</i> pension or variation s	e Star, any subse-
I herby agree, consent a all of <i>The Star</i> 's partners		share all m	y personal inforr	mation contained herei	n with any and/or
I undertake to complet furnish you progress re of fees and incidental e	ports / term results	dy with dilig immediately	ence and within upon their issua	minimum time,to repo ance to me and all rece	ort to you and to eipts for payment
I understand that I may security that I may be r					
I confirm that I have re bound by the same.	ead all the terms an	d conditions	in respect of th	nis application and I he	reby agree to be
Name:			I/C No.:		

——— For Office Use ————

Date Applications Received:	Doc	cumentation Required:	
Date of Interview:	Ren	marks:	
Recommended for Scholarship:		Remarks:	
Selection Panel			- 1
I) Name: Designation: Date:	Designation:	Designation:	
	Notes		