

# KUOK FOUNDATION BERHAD

(9641-T)

## APPLICATION FORM FOR TUN HUSSEIN ONN MEMORIAL SCHOLARSHIP

Recent  
Photograph

### A. PERSONAL PARTICULARS

Name as per NRIC			NRIC number			
Home address (Permanent)		Postal address				
Home telephone no.	Handphone no.	Current telephone no.		E-mail address		
Date and place of birth		Age	Gender	Race	Citizenship	
Languages	Spoken		Written			
Current status <i>(Please ✓ appropriate box)</i>	<input type="checkbox"/> Final year undergraduate		<input type="checkbox"/> Employed		<input type="checkbox"/> Unemployed	Marital status

### B. EDUCATION *(Including any other professional / non professional qualifications)*

Educational Institutions attended <i>(Secondary school onwards)</i>	From <i>(year)</i>	To <i>(year)</i>	Qualifications obtained

#### GRADES OBTAINED AT UNDERGRADUATE LEVEL *(eg. Overall grades / cumulative grade point average)*

First year	Second year	Third year	Fourth year

#### RESULT OF POSTGRADUATE / PROFESSIONAL QUALIFICATIONS *(if any, including CLP / Bar Finals etc.)*


### C. DETAILS OF INTENDED COURSE

Type of programme <i>(Please ✓ appropriate box)</i>	<input type="checkbox"/> Research	<input type="checkbox"/> Coursework	<input type="checkbox"/> Both research & coursework
Course status <i>(Please ✓ appropriate box)</i>	<input type="checkbox"/> Attending	<input type="checkbox"/> Accepted	<input type="checkbox"/> Applied <input type="checkbox"/> Intend to apply
Department / Faculty		University / Institution	
Duration of course Min : _____ years    Max : _____ years	Date of commencement of course	Expected date of completion of course	
TITLE OF RESEARCH PROPOSAL <i>(if applicable)</i>			
COURSEWORK SUBJECTS <i>(if applicable)</i>			
RESEARCH EXPERIENCE <i>(Please provide an outline of previous research work performed, dissertation, graduation exercise, papers published or presented at conferences etc.)</i>			
<i>(continue on separate sheet if necessary)</i>			

### D. BREAKDOWN OF ESTIMATED EXPENSES REQUIRED PER ANNUM *(in RM)*

Tuition fees	Other fees	Accommodation
Food	Other expenditure	Total
Amount per annum which can be obtained from family/other sources. State sources.		
Shortfall <i>(if any)</i>	No. of years assistance required	

**E. PARTICULARS OF FAMILY**

	SPOUSE <i>(if married)</i>	FATHER	MOTHER
Name			
Age			
Occupation			
Gross income per month			
Telephone number <i>(home/handphone/office)</i>			
Name and address of employer <i>(if retired, state previous employment)</i>			

No. of children and their ages *(if applicable)***PARTICULARS OF SIBLINGS**

Name	Gender	Age	Occupation	Telephone number <i>(house/handphone/office)</i>

*(continue on separate sheet if necessary)***F. PRESENT & PAST WORKING EXPERIENCE***(Please list in chronological order all working experience whether paid or unpaid)*

Position held	From <i>(mm/yy)</i>	To <i>(mm/yy)</i>	Institution/Organization	Salary <i>(if any)</i>

*(continue on separate sheet if necessary)*

## G. GENERAL

DETAILS OF PAST AND PRESENT SCHOLARSHIPS / LOANS / BURSARIES IF ANY, RECEIVED FROM OTHER ORGANISATIONS OR OTHER SOURCES

Year received	Scholarship / Loan / Bursary	Name of organization / source	Amount per annum

EXTRA-CURRICULAR / SPORTING ACTIVITIES *(Please state the highest level of participation)*

<i>(continue on separate sheet if necessary)</i>

DETAILS OF TRAVEL ABROAD *(if any)*

<i>(continue on separate sheet if necessary)</i>

OTHER RELEVANT INFORMATION TO SUPPORT YOUR APPLICATION

<i>(continue on separate sheet if necessary)</i>

## H. REFEREES

NAMES OF TWO REFEREES TO WHOM REFERENCE MAY BE MADE

*Referees named should have known the applicant and/or the applicant's family for a period of not less than (3) years.*

Name <i>(Mr/Ms/Mdm)</i>	Name <i>(Mr/Ms/Mdm)</i>		
Address	Address		
Home tel. no.	Handphone no.	Home tel. no.	Handphone no.
Occupation	Office tel. no.	Occupation	Office tel. no.
No. of years known	Relationship to applicant	No. of years known	Relationship to applicant

## I. DECLARATION

*I hereby declare that the information given in this form is true to the best of my knowledge and that I have not wilfully suppressed any material fact relevant to this application.*

\_\_\_\_\_ *Date of application*

\_\_\_\_\_ *Applicant's signature*