



*Winning through **C**ommitment and **T**eamwork
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WCT HOLDINGS BERHAD SCHOLARSHIP APPLICATION FORM		RECENT Photograph of Applicant (non returnable)
<p style="text-align: center;">INSTRUCTIONS</p> <ul style="list-style-type: none"> • Please fill in the form by using handwriting • Please use block letters only • Attached all certified true copy relevant documents (1 set copy) • Incomplete applications will be automatically disqualified • Please submit two copies of application <p>Completed application with certified true copy documents need to send to the following address <u>LATEST BY 15 AUGUST 2014.</u> Kindly indicate “WCT Scholarship Award 2014” on the top left hand corner of the envelope.</p> <p style="text-align: center;"> WCT HOLDINGS BERHAD (SCHOLARSHIP AWARD 2014) 12, JALAN MAJISTRET U1/26 SEKSYEN U1 HICOM-GLENMARIE INDUSTRIAL PARK 40150 SHAH ALAM, SELANGOR DARUL EHSAN </p> <p style="text-align: center;">CLOSING DATE : 15 AUGUST 2014</p>	<p>For Office Use only</p> <p>Ref No : _____</p> <p>Date received : _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> University acceptance letter <input type="checkbox"/> Parents' /Guardian proof of income for the past 2 year <input type="checkbox"/> Brothers' /sisters' proof of income for the past 2 years, if they are working <input type="checkbox"/> Documents to prove that brothers' /sisters' are studying in universities/colleges <input type="checkbox"/> Certified 1 copy of University/ College results (Actual /Forecast) , if applicable <input type="checkbox"/> Certified 1 copy STPM /'A' level /Matriculation (Actual /Forecast) results <input type="checkbox"/> Certified 1 copy SPM /SPVM /'O' level / (Actual / Forecast) <input type="checkbox"/> Certified true copy of Identity card and birth certificate of applicant <input type="checkbox"/> Certified true copy of birth certificate of Brothers and sisters <input type="checkbox"/> Certified true copy of parents' /Guardian's Identity card or death certificate, if deceased <input type="checkbox"/> Certified true copy of school leaving certificates <input type="checkbox"/> Certified true copy of school testimonials (if any) 	



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A PARTICULARS OF APPLICANT						
Name of applicant as in NRIC			NRIC number			
			<input type="checkbox"/> Male <input type="checkbox"/> Female	Marital status		
Home address(Permanent)			Postal address			
City and State		Postal Code	City and State		Postal Code	
Home telephone no		Hand phone no	Email address			
Date of birth		Place of birth	Age	Citizenship	Race	
Current status <input type="checkbox"/> Studying full-time <input type="checkbox"/> Full -time employment <input type="checkbox"/> Part-time employment						
B COURSES DETAIL						
Course applied (First choice) /Attending						
Name of Institution			Location of Institution			
Duration of course		Commencement of course (mm/yyyy)		Completion of course (mm/yyyy)		
Breakdown of estimated expenses required per year (in RM)						
Tuition fees	Other fees	Accommodation	Food	Other expenditure	Total	No of years of assistance required
					Amount applied for per year	



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C INFORMATION OF FAMILY							
Father /Guardian's name				Mother's name			
NRIC number		Age		NRIC number		Age	
Address				Address			
City and state		Post code		City and state		Post code	
Home telephone no		Handphone no		Home telephone no		Handphone no	
Occupation		Gross monthly income		Occupation		Gross monthly income	
<input type="checkbox"/> Full-time employment		<input type="checkbox"/> Part-time employment		<input type="checkbox"/> Full-time employment		<input type="checkbox"/> Part-time employment	
<input type="checkbox"/> Own business		<input type="checkbox"/> Retired / Not working		<input type="checkbox"/> Own business		<input type="checkbox"/> Retired / Not working	
Name and address of the employer/ own business. If retired, state name of previous employer/ own business.				Name and address of the employer/ own business. If retired, state name of previous employer/ own business.			
Office telephone no				Office telephone no			
Siblings Details							
Name	G e n d e r	Age	Marital status	No of children , if any	Occupation (if studying, state level of education and name of school /institution)	Telephone no. (home, office or handphone)	Gross monthly income



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D EDUCATION

Details of institution attended				
Institution name	City and State	Year commenced	Year completed	Qualifications obtained

E EXAMINATION RESULTS

SPM /SPVM /"O' level or equivalent (Please list down subject)	Grade	STPM / 'A' level / Matriculation or equivalent (Please list down subject)	Grade

University /college /polytechnic examination results (cumulative grade point average, where applicable)

First year	Second year	Third year	Fourth year



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F EXTRA CURRICULUM ACTIVITIES /SPORTS/COMMUNITY SERVICE		
1. Please list down the co-curriculum activities you have joined in chronological order		
Year	Position held	Club / Society
2. Achievements		
Year	Types of competition and representing level	Name of School /Institution /University Represented

G FINANCIAL ASSISTANCE			
Details of past and present financial assistance including loan, if any received from other organisations or other sources			
Year received	Loan or scholarship	Name of organisation /other sources	Amount per year

Name other organisations you have applied to for scholarship/loan

H INFORMATION ON REFEREES		
Name two (2) referees who are known to you and your family for a period of not less than 3 years. Referees can be relatives or close family friends BUT not your natural parents, brothers /sisters. Referees should be reachable at all times.		
Details	Referee 1	Referee 2
Name		
Address		
Home telephone no.		



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Office telephone no.		
Handphone no.		
Nationality		
Occupation		
Employer name		
Employer address		
Relationship with applicant		
No. of years known		

J OTHERS INFORMATION

Other relevant information to support your application

I hereby declare that the information given in this form is true and complete to my best knowledge and I have not willfully suppressed any material fact relevant to this application. I understand that falsification of my application and records is grounds for immediate null and void of this application.

Name: _____

Date: _____

Signature of Applicant: _____