



ELENA COOKE EDUCATION FUND SCHOLARSHIP

2014 SCHOLARSHIP APPLICATION FORM

(for selected courses in KBU International College only
as per <http://bbgs.com.my/elena-cooke-education-fund/how-to-apply/>)

MINIMUM QUALIFICATIONS BEFORE APPLYING

1. Applicant must have obtained at least 3As in the Sijil Pelajaran Malaysia (SPM).
2. Applicant must be below the age of 23 years in the year of admission.
3. Applicant must be a Malaysian citizen.
4. Household income must be below RM50,000.00 per annum.

INSTRUCTIONS

(Please read the following instructions carefully before filling the form.)

1. State clearly in BLOCK LETTERS and complete all sections. Incomplete or late applications will not be accepted.
2. State your name as it appears in your NRIC.
3. If space is insufficient, please continue on a separate sheet and attach it to the application form.
4. Attach certified true copies in this order:
 - SPM/STPM certificates or equivalent.
 - NRIC.
 - All results obtained in school/college including latest results.
 - School leaving certificates and testimonials.
 - Offer letter from KBU International College, if any.
 - Parent's/guardian's latest :
 - ✓ Income Tax Statement
 - ✓ Three (3) consecutive months' salary slips
 - ✓ Latest EPF Statement
 - ✓ Any other proof of income
 - Personal Statement: "Why I deserve this scholarship".
5. Provide name and contact details of a referee who is not related to the applicant.
6. Send completed application form and all attachments to:

BBGS ALUMNI BERHAD
(Elena Cooke Education Fund)
c/o Suite 12.01, Level 12
Wisma Goldhill
67 Jalan Raja Chulan
50200 Kuala Lumpur

OR

Email : bbgs.ecef@gmail.com

7. Electronic submission with files in PDF format is preferred.
8. Closing time for submission (for both postal and electronic).
 - No later than 4:00pm on closing date.
 - Closing Date : **31 March 2014**

SECTION A: PERSONAL INFORMATION

| | | | |
|--------------------|---------|---|---|
| Name (as per NRIC) | | | Please attach recent colour photo (passport size) |
| NRIC No. | | | |
| Date of Birth | | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | |
| Home Address | | | |
| Tel. No. | (House) | (Mobile) | |
| Email Address | | | |

SECTION B: COURSE APPLIED FOR

| | | | | |
|----------------|--|----------|--|------|
| Course | | | | |
| Offer received | | | | |
| Intake | | Duration | | Fees |

SECTION C: ACADEMIC QUALIFICATION

| | | |
|--|----------------|--|
| <input type="checkbox"/> SPM | Year completed | |
| <input type="checkbox"/> STPM | Year completed | |
| <input type="checkbox"/> Others : (Please specify) | Year completed | |

SECTION D: EDUCATION

| Results of SPM or equivalent | | Results of STPM or equivalent | | Results of A-Levels or others (Certificate, Diploma, Matriculation) State Qualification: | |
|------------------------------|-------|-------------------------------|-------|--|-------|
| School/College: | | School/College: | | School/College: | |
| Year : | | Year : | | Year : | |
| Subject | Grade | Subject | Grade | Subject | Grade |
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SECTION E: CO-CURRICULAR ACTIVITIES / ACHIEVEMENTS

| Activities in School/College | Year | Position Held |
|------------------------------|------|---------------|
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| Prizes / Awards Received | | |
|---|---------|------|
| Description of Prizes / Awards Received | Placing | Year |
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SECTION F: WORKING EXPERIENCE (IF APPLICABLE)

| Place of Work | Job Title | Year | Duration |
|---------------|-----------|------|----------|
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SECTION G: HAVE YOU APPLIED FOR OR BEEN OFFERED ANY OTHER SCHOLARSHIPS?

| Name of Scholarship | Year | Value |
|---------------------|------|-------|
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SECTION H: FAMILY PARTICULARS

| Father/Guardian | | Mother/Guardian | |
|---|--------------------|---|--------------------|
| Name: | Age: | Name: | Age: |
| Occupation: | Income/month (RM): | Occupation: | Income/month (RM): |
| Name & Address of Employer: | | Name & Address of Employer: | |
| Additional income (Eg. Pension, rental, etc.) | Per month (RM): | Additional income (Eg. Pension, rental, etc.) | Per month (RM): |
| Total Income | Per month (RM): | Total Income | Per month (RM): |

Siblings Who Are Working

| Name | Age | Gender (M/F) | Occupation | Name of Company | Income per month (RM) | Monthly contribution to family (RM) |
|------|-----|--------------|------------|-----------------|-----------------------|-------------------------------------|
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Siblings Who Are Currently Studying

| Name | Age | Gender (M/F) | Name of School/College | Source of Financial Support |
|------|-----|--------------|------------------------|-----------------------------|
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Family Members With Special Needs

| Name | Age | Gender (M/F) | Special Needs |
|------|-----|--------------|---------------|
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SECTION I: RESIDENTIAL HOME / COMMUNITY CARE CENTRE

| | | | |
|---|--|-------------------------|--|
| Name of Residential Home/Community Care Centre: | | Address: | |
| Name of Co-ordinator/ Supervisor | | Tel. No. of Home/Centre | |
| NRIC | | Fax. No. of Home/Centre | |
| Position/Title | | Email Address | |

SECTION J: REFEREE (NOT RELATED TO APPLICANT)

| | | | |
|-----------------|----------|----------|--|
| Name of referee | | | |
| Position/Title | | | |
| Place of Work | | | |
| Contact | (Mobile) | (Office) | |
| | (Email) | | |

SECTION K: PERSONAL STATEMENT

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| <p>Tell us in not more than 500 words “Why I deserve this scholarship”.</p> <p><i>(Please write on reverse side of this sheet).</i></p> |
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SECTION L: DECLARATION

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|---|
| <p>I declare that the information contained in this application form and in the attached documents is true and accurate to the best of my knowledge. I also declare that I am not a member of the immediate family of any Director of BBGS Alumni Berhad or of any member of the Selection Committee of the ELENA COOKE EDUCATION FUND or of any staff of BBGS Alumni Berhad. I acknowledge that the ELENA COOKE EDUCATION FUND reserves the right to seek from other relevant parties verification as to the contents of my application. I further acknowledge that the ELENA COOKE EDUCATION FUND reserves the right to vary or reverse any decision made on the basis of false, incorrect or incomplete information, including the right to terminate the scholarship, in which event I will be liable to repay the ELENA COOKE EDUCATION FUND the total sum of any payments already received.</p> |
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Applicant's Signature

Name

Date

PERSONAL STATEMENT

Tell us in not more than 500 words **“Why I deserve this scholarship”**.