



## ELENA COOKE EDUCATION FUND 2015 SCHOLARSHIP APPLICATION FORM

### MINIMUM QUALIFICATIONS BEFORE APPLYING

1. Applicant must have obtained at least 3As in the Sijil Pelajaran Malaysia (SPM) and must meet the course requirements of the college/university applied for.
2. Applicant must be below the age of 23 years on the date of this scholarship application.
3. Applicant must be a Malaysian citizen.
4. Household income must be **not more than RM36,000.00 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.
  - LATEST ONLY results obtained in school/college.
  - ONLY PAST 2 YEARS' school leaving certificates and testimonials.
  - Offer letter from **local college or university**, if any.
  - Parent's/guardian's LATEST:
    - ✓ Income Tax Statement
    - ✓ Three (3) consecutive months' salary slips
    - ✓ EPF Statement
    - ✓ Any other proof of income.
5. Applicant, if shortlisted, must be able to attend an interview in the Klang Valley at own expense.
6. No correspondence will be entertained. **Only shortlisted applicants will be notified.**
7. The amount of the scholarship, if granted, will be at the sole and absolute discretion of the Elena Cooke Education Fund.
8. Send completed application form and all attachments **by Pos Laju/courier/hand to:**  
**BBGS ALUMNI BERHAD**  
**(Elena Cooke Education Fund)**  
c/o Unit 1211 Level 12, Block A,  
Damansara Intan e- Business Park,  
No 1 Jalan SS 20/27,  
47400 Petaling Jaya,  
Selangor.
9. Application deadline: **No later than 4:00pm on 31 March 2015.**

**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: COLLEGE/UNIVERSITY & COURSE**

(Please enclose copy of offer letter from **local college/university**, if any.)

College/University			Course	
Intake Date		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

**SECTION E: CO-CURRICULAR ACTIVITIES / ACHIEVEMENTS** (*ONLY for past 2 years*)

Activities in School/College	Year	Position Held

Prizes / Awards Received		
Description of Prizes / Awards Received	Placing	Year

**SECTION F: WORKING EXPERIENCE** (*if any*)

Place of Work	Job Title	Year	Duration

**SECTION G: HAVE YOU APPLIED FOR OR BEEN OFFERED ANY OTHER SCHOLARSHIPS?**

Name of Scholarship	Year	Value (RM)

**SECTION H: FAMILY PARTICULARS**

Father/Guardian		Mother/Guardian	
Name:	Age:	Name:	Age:
Occupation:		Occupation:	
Name & Address of Employer (or own business):		Name & Address of Employer (or own business):	
Salary	Per month (RM):	Salary	Per month (RM):
Additional income (E.g. Pension, rental, etc.)	Per month (RM):	Additional income (E.g. 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)

**Siblings Who Are Currently Studying**

Name	Age	Gender (M/F)	Name of School/College	Source of Financial Support

**Family Members With Special Needs**

Name	Age	Gender (M/F)	Special Needs

**SECTION I: RESIDENTIAL HOME / COMMUNITY CARE CENTRE** *(If applicable)*

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**

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

*(Please write on reverse side of this sheet).*

**SECTION L: DECLARATION**

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.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**PERSONAL STATEMENT IN YOUR OWN WORDS** *(Any form of plagiarism will automatically disqualify this application.)*

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