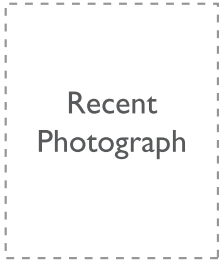


# THE STAR EDUCATION FUND

Application Form For Tier 2 Scholarship

For Academic Year \_\_\_\_\_



Read the application procedures and the terms and conditions carefully before completing same.

<b>Course Applied For:</b>	<b>Name of Institution:</b>
.....	.....

Are you presently enrolled at any University/College?:  YES  NO

If "yes", please provide the following information:

Name of education institution: .....

Name of the course and year enrolled .....

### Application Procedure:

Print clearly or write legibly. False particulars or wilful suppression of material facts will render you liable to disqualification. All required documents must be submitted with application. Closing date as advertised. Applications received after the closing date will be disqualified.

Note: Proof of posting is not proof of receipt.

Address application form to: **The Manager,  
The Star Education Fund,  
c/o Star Publications (M) Bhd  
Menara Star  
15 Jalan 16/11, Section 16  
46350 Petaling Jaya, Selangor 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): .....
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Residential Address: .....
City/Town: ..... State: ..... Postcode: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
House Tel: <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Handphone No: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Email Address: .....

Nationality:	Race:	Religion:
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Date of Birth: ..... / ..... / ..... <small>day month year</small>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Identity Card: (New) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Languages: Spoken: ..... Written: .....
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**Section D**

**Medical Condition**

State present health condition and give details of any illness or disability that requires attention:

**Section E**

**Extra-Curricular Activities / Reason(s) for Applying**

On a separate sheet of paper, please provide:

a) Details of extra-curricular activities, including membership of societies / associations.  
 b) State briefly your reason(s) for applying.

**Section F**

**Family Background**

Father			
Name:	Age:	I/C No:	
Home Address:	House:		
	<input type="checkbox"/> Family Owned <input type="checkbox"/> Rented		
Tel:	Occupation:		
Name and Address of Employer:			
Tel:			

Mother			
Name:	Age:	I/C No:	
Name and Address of Employer:	Occupation:		
Tel:			

Guardian (if applicable)			
Name:	Age:	I/C No:	
Name and Address of Employer:	Occupation:		
Tel:			

If parents / guardian are self-employed, provide the following particulars.		Length of Establishment of Business:								
Name and Address of Business:	Nature of Business:	<table border="1"> <tr> <td> </td><td> </td> <td> </td><td> </td> </tr> <tr> <td>year(s)</td> <td>month(s)</td> <td></td> <td></td> </tr> </table>					year(s)	month(s)		
year(s)	month(s)									
Tel:	If partnership or joint venture, state share held by parents / guardian.									
Is the business wholly-owned? <input type="checkbox"/> Yes <input type="checkbox"/> No										

Are you related to any employee(s) of Star Publications (M) Bhd and its subsidiary companies?

If Yes, please provide the following information

Name	Company / Department	Relationship
.....	.....	.....
.....	.....	.....
.....	.....	.....

**Annual Gross Income of Parents / Guardian (Last Year)**

	Father (RM)	Mother (RM)	Guardian (RM)	Total (RM)
Employment				
Business				
Rental				
Others				
<b>Total</b>				

**Family Expenditure**

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

**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:

Tel:

Tel:

Occupation:

Occupation:

Were you a scholarship recipient before? :  YES  NO

If "yes" please provide the following information:-

<u>Year</u>	<u>University College</u>	<u>Course</u>	<u>Sponsor</u>
.....	.....	.....	.....

Has/have any of your siblings(s) [brother(s)/sister(s)] benefited from this Fund?  YES  NO

If yes, please state the following:-

<u>Name</u>	<u>Relationship</u>	<u>Course</u>	<u>College</u>	<u>Admission Year</u>
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....
.....	.....	.....	.....	.....

NB: Students may apply for more than one award under the Star Education Fund, provided each application is made with a new/ separate application form. If you are applying for more than one institution, please provide the following for our reference:

<u>College / University</u>	<u>Course Applied</u>
1) .....	.....
2) .....	.....
3) .....	.....
4) .....	.....

**PLEASE ATTACH A COPY OF THE FOLLOWING DOCUMENTS.**

- MyKad (both sides on A4 size paper)
- Testimonial(s) and Record(s) of Participation in Extra-curricular Activities
- Birth Certificate
- SPM / STPM / 'A' Level / Other Equivalent Qualifications Results / Certificates
- Supporting document(s) on financial status (Payslips / EA Form / Income Tax Form)

**DECLARATION BY APPLICANT**

I hereby confirm that all information given herein are true, accurate and correct at the time of application.

I recognise that the information constitutes representations to you whereby your judgement may be based. If at anytime hereafter you were to find such information materially false / untrue or if there is any omission, you shall be at liberty to take such action against me and my guarantor(s) including termination of any benefit granted me and recovery of any benefit hitherto extended me and all costs thereby incurred shall be borne by me.

I recognise that if any award is not a direct grant of *Star Publications (M) Bhd (The Star)* but is granted by any other sponsor / donor / educational institution or any corporation, person or organisation through *The Star*, any subsequent failure to contribute, any discontinuance or termination, suspension or variation shall not be the responsibility of *The Star* and I hereby agree to waive any right of action(s) against *The Star*.

I hereby agree, consent and allow *The Star* to share all my personal information contained herein with any and/or all of *The Star's* partners-in-education.

I undertake to complete the course of study with diligence and within minimum time, to report to you and to furnish you progress reports / term results immediately upon their issuance to me and all receipts for payment of fees and incidental expenses.

I understand that I may have to execute a scholarship bond and to furnish you suitable guarantor(s) or form of security that I may be required to execute and sign any document prior to any award given to me.

I confirm that I have read all the terms and conditions in respect of this application and I hereby agree to be bound by the same.

Name: ..... I/C No.: .....

Signature: ..... Date: .....

**For Office Use**

Date Applications Received:

Documentation Required:

Date of Interview:

Remarks:

Recommended for Scholarship:
<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks:

**Selection Panel**

.....		
1) Name: .....	2) Name: .....	3) Name: .....
Designation: .....	Designation: .....	Designation: .....
Date: .....	Date: .....	Date: .....

Notes

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