



# TASEK CORPORATION BERHAD

LATEST COLOUR  
PASSPORT SIZE  
PHOTO

## SCHOLARSHIP APPLICATION FORM

A. PERSONAL PARTICULARS			
FULL NAME (as per NRIC) :			
IDENTIFICATION NO :		DATE OF BIRTH :	
GENDER : MALE / FEMALE		RACE :	
RELIGION :		NATIONALITY :	
PHONE NO :	MOBILE NO :	EMAIL ADDRESS :	
PERMANENT / CORRESPONDENCE ADDRESS :			
B. TERTIARY & SECONDARY EDUCATION <i>(Please attach Copy of Results)</i>			
SCHOOLS		HIGHEST QUALIFICATION / GRADES	
I.			
II.			
III.			
C. MATRICULATIONS / DIPLOMA <i>(Please attach Copy of Offer Letter &amp; Results)</i>			
INSTITUTE / UNIVERSITIES	MAJORING <i>(if any)</i>	COMPLETION DATE	CURRENT / FINAL CGPA
D. APPLICATION TO DEGREE PROGRAM ( FOR MATRICULATION / DIPLOMA / STPM STUDENTS )			
CHOICE	UNIVERSITY	COURSE	YEARS OF STUDY
1ST CHOICE			
2ND CHOICE			
3RD CHOICE			
E. IF CURRENTLY UNDERGOING DEGREE PROGRAM <i>(Please attach Offer Letter &amp; Latest Results)</i>			
COURSE	UNIVERSITY	MAJORING <i>(if any)</i>	CURRENT CGPA
TUITION FEES PER YEAR (RM) :			
F. CO-CURRICULAR ACTIVITIES - Past 2 Years ONLY			
SPORTS ACTIVITIES <i>(Please attach certificates)</i>			
YEAR	LEVEL REPRESENTED / POSITION HELD	SPORT / CLUB / SOCIETY	
OTHER ACTIVITIES <i>(Please attach certificates)</i>			
YEAR	LEVEL REPRESENTED / POSITION HELD	SPORT / CLUB / SOCIETY	

FAMILY BACKGROUND				
SIBLINGS INFORMATION				
NAME	AGE	OCCUPATION / FORM / STANDARD	COMPANY / INSTITUTION	MONTHLY INCOME
I.				
II.				
III.				
IV.				
V.				
FATHER		MOTHER		
FULL NAME :		FULL NAME :		
IDENTIFICATION NO. :		IDENTIFICATION NO. :		
PHONE NO. :		PHONE NO. :		
OCCUPATION :		OCCUPATION :		
COMPANY :		COMPANY :		
COMPANY PHONE NO. :		COMPANY PHONE NO. :		
MONTHLY INCOME (Please attach payslip) :		MONTHLY INCOME (Please attach payslip) :		
* TO BE FILLED IF PARENT(S) IS EMPLOYEE OF TASEK CORPORATION BERHAD				
NAME :				
STAFF NO. :		DESIGNATION :		DEPARTMENT / DIVISION :
OTHER INFORMATION				
ARE YOU PRESENTLY RECEIVING FINANCIAL ASSISTANCE FROM ANY INSTITUTION / FOUNDATION (eg: PTPN)			YES / NO	
IF YES, PLEASE STATE THE NAME OF THE INSTITUTION / FOUNDATION				
IF YES, PLEASE STATE AMOUNT (RM) PER YEAR				
ARE YOU PRESENTLY BONDED BY ANY INSTITUTION / FOUNDATION				
HEALTH INFORMATION				
HEIGHT :		WEIGHT :		
ANY PHYSICAL DISABILITY OR HANDICAP (eg. sight / hearing / speech etc) :				
ANY PREVIOUS / CURRENT ILLNESS :				
DECLARATION OF APPLICANT				
<p>I, hereby declare that the information are complete, true and accurate. I understand that any information given falsely or withheld will affect the decision of my application, and may result in my ineligibility for the scholarship award.</p>				
<p>_____</p> <p><b>Signature of Applicant</b></p> <p>Name: I/C Number: Date:</p>				
<p>The complete application form with all relevant document should be sent to:</p> <p style="text-align: center;"><b>TASEK CORPORATION BERHAD</b> (Undergraduate Scholarship Program), No. 5, Persiaran Tasek, Tasek Industrial Estate, 31400 IPOH, Perak. Tel: (605) 291 1011 Fax: (605) 291 9932 E-Mail: scholarship@tasek.com.my</p>				
OFFICE USE ONLY				
Reference No :		Date of Interview :		
Rejected	: <input type="checkbox"/> YES <input type="checkbox"/> NO	Awarded	: <input type="checkbox"/> YES <input type="checkbox"/> NO	
Shortlisted	: <input type="checkbox"/> YES <input type="checkbox"/> NO			