

NOTES:

- 1. The application form should be completed in block letters via handwriting by the applicant. An incomplete form will not be considered.
- 2. Please attach the certified true copies of testimonials and certificates and originals should be produced during the interview.
- 3. If necessary, due to space constraint, please attach addendum.
- 4. Please read carefully the declaration on item 17.
- 5. Please return completed form to.

TOP GLOVE FOUNDATION
Scholarship Application
LEVEL 21, TOP GLOVE TOWER,
16, PERSIARAN SETIA DAGANG, SETIA ALAM, SEKSYEN U13,
40170 SHAH ALAM, SELANGOR D.E. MALAYSIA.

Tel: +603-3362 3098 Fax: +603-3362 3860

Email: tgscholarship@topglove.com.my

Affix recent
passport-sized
photograph

Student Status
New Student
Continuing Student
Current year of study : Year 1/ Year 2/ Year 3
How did you find out about the Top Glove Foundation scholarship programme?
Newspaper advertisement
Top Glove's website
Others, please specify:

PART I - PERSONAL DETAILS

1. FULL NAME (as per NRIC): Mr / Ms			
2. (a) Correspondence Address :		(b) Tel. No. :	
		(c) Mobile. No. :	
		(d) Email Address :	
3. (a) Home Address if different from 2(a) :		(b) Tel. No. :	
4. (a) Date of Birth :	Age:	(b) Place of Birth :	
5. (a) Identity Card No : (old & new)		(b) Place of Issue :	

6. (a) International Passport No :		(b) Place of Issue :					
7. (a) Citizenship:	(b) Ethnic :			(c) Religio	n:		
8. (a) Sex: Male / Female		(b) Marit	tal Status :	Single / M	larried / W	idow /Divo	rced
9. Languages : Indicate degree of fluency	(Please tick (√))	Speaking			Writing		
		Good	Fair	Poor	Good	Fair	Poor
a. Bahasa Malaysia							
b. English							
C.							
d.							
e.							
f.							
10. HEALTH			·				·

10. HEALTH	
(a) Height (cm) :	(b) Weight (kg) :
(c) Any physical disability or handica	(e.g. sight, hearing, speech, etc.)
(d) Give details of any sickness which	you may have suffered
11. NAME OF COURSE INTENDED TO APP	LY
a) Course you would like to apply to	i)
study (in order of priority)	ii)
	iii)
b) Briefly explain your selection (If you n	eed more space, kindly attach an additional sheet) :

PART II FAMILY DETAILS

12 (a) Father	(b) Mo	other	
i) Name :	i) N	ame :	
ii) Date of birth : Age:	ii) C	Date of birth :	Age:
iii) Marital Status: Single / Married / Widow/	Divorced iii) N	// Aarital Status : Single	/ Married / Widow /Divorced
iv) Nationality :	iv) N	ationality :	
v) Contact no:	v) (Contact no:	
vi) Ethnic:	vi) E	thnic :	
vii) Occupation :	vii) (Occupation :	
viii) Employer :	viii) E	mployer :	
ix) Monthly Gross Income :	ix) N	Monthly Gross Income	:

(c) Siblings' details						
Name	Age	Relationship &	Marital	If working (Occupation)		
		Status	Status		If studying (Name of School/ Institution	
1.						
2.						
3.						
4.						
5.						
(d) Relatives working in TOP			ia			
Name	Relatio	nship	Occupatio	n	Location 8	& Department
1.						
2.						
3.						
13. INTERESTS AND SUPPLEI	MENTARY D	ETAILS				
(a) Details of your Hobbies and Sporting Activities & offices held. Achievements					Achievements	
i)						
ii)						
iii)						
(b) Details of your activities offices held etc.	at School/Co	olleges/Universiti	ies e.g. Socie	eties, Teams,	College,	Achievements
i)						
ii)						
iii)						
(c) Are you able to swim? You	es / No					l .
<u>-</u>						

PART III WORKING EXPERIENCES

Name of Employer	Job position	Period of E	Period of Employment		
		From	То		
1.					
2.					

PART IV EDUCATION DETAILS

15 (a) School Attended (starting from primary school)				
Name of School	From	То	Achieveme	nt
1.				
2.				
3.				
4.				
Your stream of study: Science / Art				
(b) University/College or Institute				
Name of Institution	Year	Discipline (Maj	or) De	gree/ Diploma
1.				
2.				
3.				
			,	

Examination: Year:		Examination :	Examination :		
		Year :		Year:	
Subject	Grade	Subject	Grade	Subject	Grade
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	
4.		4.		4.	
5.		5.		5.	
6.		6.		6.	
7.		7.		7.	
8.		8.		8.	
9.		9.		9.	
10.		10.		10.	
11.		11.		11.	
12.		12.		12.	
Grade :		Grade :	•	Grade :	
Aggregate :		Aggregate :		Aggregate	

PART V SCHOLARSHIP / STUDY LOAN

16 (a) Have you received any financial Yes / No (If yes, please specify)	assistance / scholarship award / study loan from any institution / foundation?
Name of institutions / foundations Year of receipt Amount received to date (RM) Bond period (if any)	:
16 (b) If not, have you applied for any foundation? Yes / No (If yes, please specify)	financial assistance / scholarship award / study loan from any institution/
Name of institutions / foundations Year of receipt Amount received to date (RM) Bond period (if any)	
PART VI OTHER MATTERS	
17. Have you ever been convicted by a Yes / No If yes, please specify:	a Court of Law of any country / any criminal offence?
18. Are you suffering / have suffered to prolonged medical treatment? Yes/ No If yes, please specify:	from any medical conditions (mental and physical) which requires regular or

19. DECLARATION & DATA PROTECTION POLICY

I, the undersigned, hereby declare that the information provided in this application form is complete, true and accurate, and I agree to abide by the above conditions. I understand that any provision of inaccurate or false information or omission of information will render this application invalid and that, if admitted on the basis of such information, I can be required to withdraw from the scholarship.

I hereby give consent for the collection, recording, retention, storage and use of my personal data for the purpose of processing this application and any subsequent administration in connection with the employment or placement within Top Glove Corporation Berhad and its group of companies ("Top Glove Group"), unless otherwise indicated. I have notified my family members (i.e. parents and siblings) / guardian(s) of the content of this scholarship application form and I hereby confirm that my family members / guardian(s) have agreed and consented to Top Glove Foundation for the collection, recording, retention, storage and use of their personal data provided by me in this scholarship application form.

I confirm that I have read, understood and accepted all the above terms and conditions and I hereby agree to be bound by the same.

APPLICANT'S SIGNATURE	Headmaster/Head of Department/Institute/College/University
Signature Date: Name: NRIC No:	Signature Date: Name: NRIC No:

	Data received:		
FOR OFFICE USE ONLY	Date received :		
	Acknowledge Date:		
	Application Is Recommended	/ Not Recommende	d for consideration
	Interview Date:		
	Venue	Time:	
	Successful / Unsuccessful		
	Notification Date:		
	Remarks Date:		
Signature of Interviewers	Name		Date

<u>Check</u>	<u>klist of documents required (please tick (/))</u>
	Completed application form
	Recent passport-sized photo
	Copy of Identification Card (front and back)
	Certified true copies of academic results, certificates and transcripts* SPM/UEC/STPM/IGCSE O-
	Levels/A-Levels/Matriculation/IB/ Diploma or any
	Copies of academic award certificates/achievements*
	Copy of University acceptance letter*/Copies of co-curricular certificate(s) etc*
	Testimonials and Recommendations (if any) *
* Appli	icants need to produce original copies at the Scholarship interview should he or she be shortlisted.

<u>Deadlines for applications to reach the Top Glove Foundation</u>

- 1. The completed form must reach us between February to May either by post or e-mail.
- 2. Late and incomplete applications will not be considered.
- 3. Only shortlisted candidates will be notified for an interview.

Scholarship Terms & Conditions

Eligibility/ Criteria

The Scholarship Award(s) is offered by Top Glove Foundation to any Malaysian citizen with their actual results obtained in one sitting. The criteria as below:

◆ Academic requirements (minimum)

SPM/O-Level	10A+/A in the relevant subjects, including English Language	
UEC	3As	
STPM	CGPA >3.5, with relevant subjects taken into consideration	

- ♦ Extra-curricular activities
- Active in extra-curricular activities
- Strong record of leadership

Scholarship coverage

The Scholarship Award(s) will cover tuition fee only.