



TOP GLOVE SDN. BHD. SCHOLARSHIP APPLICATION FORM



NOTES:

1. This application form should be completed in writing by the applicant. An incomplete form will not be considered.
2. Please attach certified true copies of the following documents:
 - i. Applicant's Malaysia Identification Card (Front and Back);
 - ii. Applicant's academic certificates;
 - iii. Applicant's official academic results for all previous semesters;
 - iv. Applicant's documents on participation in extracurricular activities;
 - v. Applicant's Malaysia bank account details; and
 - vi. Parents'/Guardian's proof of income (salary slip for previous 3 months and Income Tax Form B/BE, EA Form for past 2 years).
 - vii. Letter of recommendation written by lecturers from the applicant's current university or other universities at which the applicant has previously studied;
 - viii. An essay describing the applicant's career aspirations, working experience (if any) or how they can contribute to the Company in NOT less than 500 words in English;
3. Please attach appendix if necessary due to space constraints.
4. Please read the declaration (clause 15) carefully before signing the application.
5. Please return the completed form to:

TOP GLOVE SDN BHD
Scholarship Application
LOT 4969, BT 6, JALAN TERATAI, OFF JALAN MERU,
41050, KLANG, SELANGOR, MALAYSIA.
Tel: +603-3392 1992 / 1905
Fax: +603-3392 1291 / 8410
Email : TGSBScholarshipTaiwan@topglove.com.my

PART I PERSONAL DETAILS

1. FULL NAME (Block Letters) : Mr / Ms		Chinese Name :
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 :	(b) Place of Birth :	
5. (a) Identity Card No :	(b) Place of Issue :	
6. (a) International Passport No :	(b) Place of Issue :	
7. (a) Bank Account No. :	(b) Name of Bank :	
8. (a) Ethnicity :	9. (a) Gender : Male/Female	(b) Marital Status : Single / Married

10. Languages : Indicate degree of fluency (Please tick (v))	Speaking			Writing		
	Good	Fair	Poor	Good	Fair	Poor
a. Bahasa Malaysia						
b. English						
c.						
d.						
e.						

11. WELLNESS (a) Height (cm) : (b) Weight (kg) :	(c) Any physical disability or handicap (e.g. sight, hearing, speech, etc.)
(d) Provide details of other illness (if any)	

PART II FAMILY DETAILS

12 (a) Father		(b) Mother	
i) Name :		i) Name :	
ii) Nationality :		ii) Nationality :	
iii) Ethnicity :		iii) Ethnicity :	
iv) Occupation :		iv) Occupation :	
v) Employer :		v) Employer :	
vi) Monthly Gross Income :		vi) Monthly Gross Income :	

(c) Siblings' Details

Name	Age	Relationship	Occupation	Employer/School/College/ University
1.				
2.				
3.				
4.				

PART III EDUCATION DETAILS

Name of Institution	Year	Discipline (Major)	Result						
University:			Semester						
			1	2	3	4	5	6	
STPM/Diploma/Foundation/Matriculation:									
High School SPM:									

Expected Graduation Date:

13. HIGHEST ACHIEVEMENTS

(a) Academic Award(s)

- i.
- ii.
- iii.
- iv.
- v.

(b) Award(s) received for sports/Extra-Curricular Activities

- i.
- ii.
- iii.
- iv.
- v.

14. (a) Are you presently receiving financial assistance from any institution/foundation(s)? Yes / No
If Yes, please provide details:

(b) Are you presently bonded to any scholarship sponsor(s)? Yes / No
If Yes, please provide details:

15. DECLARATION

I declare that all particulars given above are true and correct. I understand that no consideration will be given to my scholarship application or in the case that of a scholarship has been offered, will be immediately canceled, if any of the particulars given are false.

I am also aware that by completing and submitting this application form, it is not a guarantee of any assistance whatsoever from TGSB Scholarship funds.

APPLICANT'S SIGNATURE

Headmaster/Head of Department/Institute/College/University

Signature:

Date :

Name:

Date:

FOR OFFICE USE ONLY

Date received : _____

Acknowledgement date: _____

Application Recommended / Not Recommended for consideration

Interview date: _____

Venue: _____ Time: _____

Successful / Unsuccessful

Notification date: _____

Remarks : _____

Interviewer's signature

Name

Date