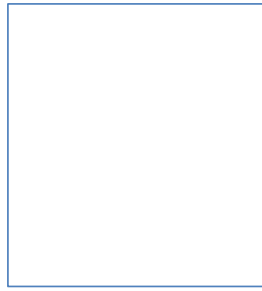


**FGV SCHOLARSHIP PROGRAM 2016  
APPLICATION FORM**



**BACHELOR'S DEGREE / UNIVERSITY DETAILS**

Course :

University :

**SECTION A: PERSONAL DETAILS**

Name (as per MyKad) :

NRIC :  -  -

Date of Birth :  -  -  Age :

Place of Birth :

Permanent Address :

Post Code :  State :

Correspondence Address :

Post Code :  State :

H/P Contact No. :

Home Contact No. :

E-mail :

Gender :

Race :

Religion :

Marital Status :

Nationality :

## SECTION B: ACADEMIC QUALIFICATIONS

Level	Name of School/Institution	Grade Obtained					Completion Year
		A	B	C	D	Others	
SPM							
Diploma/STPM/ Matriculation		CGPA:					

## SECTION C: CO-CURRICULAR ACTIVITIES

Section C1: Club/Society/Uniform Unit i.e. Cadet Police, St. John Ambulance, Chess Club

Society/Association	Level Presented	Year	Position Held
	School/District College/ University/State/International		

Section C2: Sport i.e. Badminton

Sport Activity	Level Presented	Year	Position Held
	School/District College/ University/State/International		

Section C3: Others i.e. National Chemistry Quiz

Awards/Activity	Level Presented	Year	Position Held
	School/District College/ University/State/International		

**SECTION D: FAMILY DETAILS - Please fill in the details of your father/mother and/ or guardian**

Full Name of your Father/  
Mother or Guardian :

Relationship :  Age :

Employment Status :  H/P Contact No. :

Occupation :  Office Contact No. :

Gross monthly Income :  Employer :

Employer Address :

Post Code :  State :

Full Name of your Father/  
Mother or Guardian :

Relationship :  Age :

Employment Status :  H/P Contact No. :

Occupation :  Office Contact No. :

Gross monthly Income :  Employer :

Employer Address :

Post Code :  State :

**Please fill in the details of all your immediate family members**

Name	Relationship	Highest Qualification	Form of Assistance (Scholarship/ Loan)	Occupation	Age

Please write 'Not Applicable' where necessary

**Please list if you have relatives working in FGV Group / FELDA / SETTLER**

Name	Relationship	FGV Group / FELDA / Settler	Company/Branch/Scheme

## SECTION E: DECLARATION

Are you suffered from any medical conditions (mental & physical) which requires regular or prolonged treatment?

Yes

No

if yes, please give full details

### DECLARATION

I hereby declare that

- (a) I am above the age of 18 years.
- (b) I hereby certify that the particulars furnished by me are true and accurate. If offered, in the event of any misrepresentation, wilful or otherwise, this scholarship shall be revoked.
- (c) I consent to the Company using my information and documents for all purposes of my scholarship agreement with the Company.
- (d) I confirm that all information and documents provided by me is accurate and complete.
- (e) I fully understand and accept that if at any time after offered, it is found that a false declaration has been made in this form, the Company has absolute right to terminate my scholarship.

\* Please tick this box if you consent to our transfer of your information provided in this Form to a third party

"Please note that we will not transfer your information provided in this Form to a third party without your consent."

Signature : \_\_\_\_\_

Name: : \_\_\_\_\_

NRIC No. : \_\_\_\_\_

Date : \_\_\_\_\_