



TOP GLOVE FOUNDATION SCHOLARSHIP APPLICATION FORM

NOTES :

1. The application form should be completed in writing 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
LOT 4969, BT 6, JLN TERATAI, OFF JLN MERU,
41050 SELANGOR D.E. MALAYSIA.
Tel: +603-3392 1992 / 1905
Fax: +603-3392 1291 / 8410
Email : tgscholarship@topglove.com.my

PART I - PERSONAL DETAILS

1. FULL NAME (Block Letters) : 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 :				(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) Religion :				
8. (a) Sex : Male / Female				(b) Marital Status : Single / Married / Widow(er) / Divorced					
9. Languages : Indicate degree of fluency (Please tick (v))				Speaking			Writing		
				Good	Fair	Poor	Good	Fair	Poor
a. Bahasa Malaysia									
b. English									
c.									
d.									
e.									
f.									

10. HEALTH (a) Height (cm) :		(b) Weight (kg) :		
(c) Any physical disability or handicap (e.g. sight, hearing, speech, etc.)				
(d) Give details of any sickness which you may have suffered				
11. NAME OF COURSE INTENDED TO APPLY				
a) Course you would like to apply to study (in order of priority)		i)		
		ii)		
		iii)		
b) Explain why				
PART II FAMILY DETAILS				
12 (a) Father			(b) Mother	
i)	Name :	i)	Name :	
ii)	Nationality :	ii)	Nationality :	
iii)	Ethnic :	iii)	Ethnic :	
iv)	Occupation :	iv)	Occupation :	
v)	Employer :	v)	Employer :	
vi)	Monthly Gross Income :	vi)	Monthly Gross Income :	
(c) Brothers and Sisters				
Name	Age	Relationship	Occupation	Employer/School/ College/ University
1.				
2.				
3.				
4.				
5.				

(d) Relatives working in TOP GLOVE Companies in Malaysia				
Name	Relationship	Occupation		Location & Department
1.				
2.				
3.				

13. INTERESTS AND SUPPLEMENTARY DETAILS				
(a) Details of your Hobbies and Sporting Activities & offices held.				
i)				
ii)				
iii)				
(b) Details of your activities at School/Colleges/Universities e.g. Societies, Teams, College, offices held etc.				
i)				
ii)				
iii)				
(c) Are you able to swim? Yes / No				

PART III WORKING EXPERIENCES				
14. WORKING EXPERIENCES				
Name of Employer	Job Held	Period of Employment		Earning p.m.
		From	To	
1.				
2.				

15. (a) Are you presently receiving financial assistance from any institution/foundations?

Yes / No

If Yes, please give details:

(b) Are you presently bonded to any scholarship sponsors ?

Yes / No

If Yes, please give details:

PART IV EDUCATION DETAILS

16 (a) School Attended (starting from primary school)

Name of School	From	To	Achievement
1.			
2.			
3.			
4.			

Your stream of study : Science / Art

(b) University/College/Institute or Polytechnic

Name of Institution	Year	Discipline (Major)	Degree/ Diploma
1.			
2.			
3.			

Examination :		Examination :		Examination :	
Year :		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 : Aggregate :		Grade : Aggregate :		Grade : Aggregate :	

17. DECLARATION

I DECLARE THAT ALL PARTICULARS GIVEN ABOVE ARE TRUE AND CORRECT. I UNDERSTAND THAT NO CONSIDERATION WILL BE GIVEN TO MY SCHOLARSHIP AWARD OR IN THE CASE OF SCHOLARSHIP THAT HAS BEEN OFFERED, IT WILL BE IMMEDIATELY CANCELLED, IF ANY OF THE PARTICULARS GIVEN ARE FALSE.

I AM ALSO AWARE THAT COMPLETING AND SUBMITTING THIS FORM IS NO GUARANTEE OF ANY ASSISTANCE WHATSOEVER FROM TOP GLOVE SCHOLARSHIP FUND.

APPLICANT'S SIGNATURE

Headmaster/Head of Department/Institute/College/University

Signature:

Date :

Name:

Date:

FOR OFFICE USE ONLY

Date received : _____

Acknowledge Date: _____

Application Is Recommended / Not Recommended for consideration

Interview Date: _____

Venue _____ Time: _____

Successful / Unsuccessful

Notification Date: _____

Remarks Date: _____

Signature of Interviewers

Name

Date