



**ECOWORLD SCHOLARSHIP APPLICATION FORM**

Appendix latest photo

**PART I - STUDENT PARTICULAR**

*\* strike off non-relevant*

Full Name: \_\_\_\_\_  
*As per name in Mykad*

Age: \_\_\_\_\_

Gender: M / F \*

MyKad

Date of Birth   
D D M M Y Y Y Y

Home address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Correspondence address (if different): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postcode  State: \_\_\_\_\_

Postcode  State: \_\_\_\_\_

Mobile No

House tel. No:

E-mail Address: \_\_\_\_\_

**PART II - EDUCATION BACKGROUND & EXTRACURRICULAR**

**Secondary School / Pre-University details:-**

Examination	School / Institution / University	Year	Grade	Detail results
SPM				
STPM				
Matriculation / Foundation				

**Extracurricular Activities (Previous & current)**

Society	Position	Year	Activity

**Course of studies details**

Course / Programme: _____	Duration of course : _____ years
Faculty: _____	
University : _____	Year of completion <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>M M Y Y</small>
Date of registration <input type="text"/> <input type="text"/> ~ <input type="text"/> <input type="text"/> ~ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Campus :

*kindly attach the letter of offer*

**PART III - PARENTS / GUARDIAN PARTICULAR**

	<b>Father/Guardian</b> (relationship : _____ )	<b>Mother / Guardian</b> (Relationship : _____ )
Full Name		
MyKad No		
Nationality	Malaysia / _____	Malaysia / _____
Telefon (Home) (Mobile)		
Place & Date of Birth		
Occupation		
Employer Name		
Office tel No		
Monthly income ( RM )	payslip required	payslip required
Partime & monthly income		
No of children	No of children _____ - son _____ ; daughter _____	
Marrital status for parent	<input type="checkbox"/> registered marriage <input type="checkbox"/> divorce <input type="checkbox"/> <u>Father / Mother passed away *</u> <input type="checkbox"/> separated <input type="checkbox"/> <u>Father / Mother left home *</u>	
Other financial Aid received by family	<input type="checkbox"/> Yes    from: _____ <input type="checkbox"/> No	Total Aid received: Monthly RM _____

**PART IV : SIBLINGS DETAILS**

No.	Full Name	Age	Gender M / F	if study: standard/ form/ school/ aid received/ if working: occupation/ monthly income	Married	Staying Together
1					Yes / No	Yes / No
2					Yes / No	Yes / No
3					Yes / No	Yes / No
4					Yes / No	Yes / No
5					Yes / No	Yes / No
6					Yes / No	Yes / No

Any of sibling currently received Eco World Foundation Aid? Yes / No \*

Name: \_\_\_\_\_ School : \_\_\_\_\_ Standard / Form: \_\_\_\_\_

Since (year) : from \_\_\_\_\_ to \_\_\_\_\_

**PART V - OTHER ASSISTANCE / SCHOLARSHIP RECEIVED**

Name of Organization / Company	Year	Total (RM)	Details
PTPTN			
SCHOLARSHIP			

**PART VI - FAMILY MEMBER THAT IS UNWELL**

Full Name	Age	Relationship	Employed Yes / No	Type of Sickness	Medical expenses

**PART VII - ASSET**

Motorbike: \_\_\_\_\_ nos    Year of Purchase: \_\_\_\_\_ Year of Production : \_\_\_\_\_ Brand : \_\_\_\_\_    Instalment : RM \_\_\_\_\_ / month

Car \_\_\_\_\_ nos    Year of Purchase : \_\_\_\_\_ Year of Production : \_\_\_\_\_ Brand : \_\_\_\_\_    Instalment : RM \_\_\_\_\_ / month

Asset owned by parents    Lain-lain : \_\_\_\_\_

Fishing boat     Padi Field     House for rent     Vehicle for rent  
 Sampan     Land     Shop

**PART VIII - LIVING CONDITION**

House     Own     Rent     Rent a room     hostel     Others \_\_\_\_\_ (pls specific)

Monthly payment    RM \_\_\_\_\_ /month     rental     Instalment     No payment required

Type of houses:

<input type="checkbox"/> Low cost flat	<input type="checkbox"/> Single storey low cost terrace	<input type="checkbox"/> Kampung House
<input type="checkbox"/> Medium cost apartment	<input type="checkbox"/> Double storey low cost terrace	<input type="checkbox"/> Shoplot
<input type="checkbox"/> Condominium / Apartment	<input type="checkbox"/> Single storey terrace	<input type="checkbox"/> Semi D
<input type="checkbox"/> Bungalow	<input type="checkbox"/> Double storey terrace	<input type="checkbox"/> Welfare Home

**PART IX - DECLARATION / REFEREES DETAILS****DECLARATION**

I, the undersigned, declare that the particulars given by me in this application form are correct. I have also read and understood the conditions of the award. I agree to abide by the terms and conditions of the scholarship. I understand that the award can be withdrawn if any information given in this form is found to be incorrect. I understand and agree that the personal information given herein will be used for verification and other related administrative purposed only.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of applicant

\_\_\_\_\_ Signature of Parent / Guardian

**CLOSING DATE OF SUBMISSION: 15th October 2023**

	<b>Referee 1</b>	<b>Referee 2 (non family members or relatives)</b>
Full name		
NRIC No		
Occupation		
Employer		
Working address		
Contact number		
Signature		

**PART X - ESSAY**

Please write a short essay not less than 200 words to describe yourself, family background, course of study, ambition and why you deserved the scholarship.

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**For office use only (please leave it blank)**

Interviewed by:    Date	Interview result Passed <input type="checkbox"/> Fail <input type="checkbox"/> Date: _____
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Date: _____ Remark: _____ Checked by: Verified by: Approved by:	Application Status Approved <input type="checkbox"/> Rejected <input type="checkbox"/> Date: _____  Bank Acc No. _____ Name of Bank: _____
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