

TRANS SCHOLARSHIP FORM

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SECTION A – PERSONAL INFORMATION

1. Name: _____ NRIC No: _____
(as in NRIC)
2. Faculty: _____ Programme: _____ Sex: Male/Female*
3. Intake Year (e.g. May 2011) _____ Student Reg. No: _____
4. Date & Place of Birth: _____ Nationality: _____
5. Home Address: _____ 6. Correspondence Address: _____

- _____ Tel. No: _____ Tel. No: _____
- E-mail: _____ Handphone No: _____

SECTION B – ACADEMIC AND EXTRA-CURRICULAR INFORMATION

7. **Certified true copies** of Examination Result:- Secondary/ College Certificate/ Diploma/ University Degree **MUST** be attached.
8. List all participation in extra-curricular activities in previous schools/college and University and position held. **
- _____
- _____

SECTION C – FAMILY INFORMATION

9. Details of Parents'/ Guardian's financial circumstances (supporting documents must be provided):

	Name	Age	Occupation	Single/Married/ Separated/Divorced/ Widowed	Monthly Income (RM)	Income From Other Sources (RM)
Father						
Mother						
Guardian						

10. Details of sibling(s):

Name	Relationship	Age	<i>If working</i>		<i>If studying</i>	
			Occupation	Monthly Income (RM)	Level	Name of School/ Institution/ College/ University

*Delete whichever not applicable

** If there is insufficient space in this form, please attach additional sheets of paper

SECTION D – FINANCIAL INFORMATION

11. List sources of financial support for your studies in the University and indicate amount:

Source(s)	Amount (RM)

12. Do your parents own a house? Yes / No* . If yes, specify type and address e.g. double-storey, etc.

13. Have you **APPLIED** to any other source for financial assistance for the current year?

Please circle appropriately: 1. YES 2. NO

If Yes, specify: _____

(State name of scholarship/ loan/ award and when applied)

14. Have you ever been **AWARDED** any bursary, scholarship/ loan or financial assistance from the University or any government or other sources? Please circle appropriately: 1. YES 2. NO

If Yes, specify: _____

(State name of scholarship/ loan/ award and when awarded)

SECTION E - OTHERS

15. If you were unsuccessful in obtaining a scholarship from the TRANS, how do you propose to finance your studies?*

16. State any other facts / information in support of your application.**

17. State if you have any criminal records.

SECTION F – REFEREES

18. Names and addresses of two referees, from whom information. about you may be obtained.

i) Name: _____
Relationship: _____
Occupation: _____
Address: _____

ii) Name: _____
Relationship: _____
Occupation: _____
Address: _____

Tel. No: _____

Tel. No: _____

SECTION G – DECLARATION BY STUDENT

19. I affirm that the above information is complete, true and correct, and understand that if I am offered the scholarship, the TRANS reserves the right to withdraw the offer when at any stage, it is found that the information given is incorrect or if, in the opinion of the University, I have failed to make satisfactory progress in my studies or disciplinary action has been taken against me by the University.

Date: _____

Signature of Applicant

INCOMPLETE APPLICATION FORM WILL NOT BE PROCESSED!

*Delete whichever not applicable

** If there is insufficient space in this form, please attach additional sheets of paper

SECTION H – CHECKLIST FOR APPLICANT

One (1) recent passport size photo

One (1) certified true copy of NRIC

Certified true copy of examination results (e.g. Secondary/ College Certificate/ Diploma/ University Degree)

Latest certified true copy of University examination results, if any

Certified true copies of letters/certificates/testimonials of participation/achievement in extra-curricular activities

SECTION I – FOR OFFICE USE

Date Received:	Complete and Processed:	Incomplete: <ul style="list-style-type: none"><input type="checkbox"/> One (1) recent passport size photo<input type="checkbox"/> One (1) certified true copy of NRIC<input type="checkbox"/> Certified true copy of examination results (e.g. Secondary/ College Certificate/ Diploma/ University Degree)<input type="checkbox"/> Latest certified true copy of University examination results, if any.<input type="checkbox"/> Certified true copies of letters/ certificates/ testimonials of participation/achievement in extra-curricular activities
Name of Staff-in-charge:		Date:
Remarks:		