

MMU PRESIDENT'S SCHOLARSHIP
Application Form

Photo

Read the application procedures and the term and conditions carefully before completing.

Course Applied For:

Are you presently enrolled at any University/College (YES / NO)

Application Procedure:

Print clearly or write legibly. False particulars or wilful suppression of material facts will render you liable to disqualification. All required documents must be submitted with application. Closing date as advertised. Application received after the closing date will be disqualified.

Note: *Proof of posting is not proof of receipt*

Address application form to:

**The Bursary Unit, Finance Division
Multimedia University
Persiaran Multimedia
63100 Cyberjaya
Selangor**

Applicants must meet the following conditions:

- Malaysian Citizen below 25 years of age as on 1st January this year.
- Pass STPM / A-Levels / matriculation / Foundation with a minimum CGPA of 3.75 in a single sitting in the relevant subjects.
- Pass UEC with aggregate 10 points
- Pass SPM / O-Levels with 9As with no A-
- Active in sports / co-curriculum activities at school, district, state or national levels.
- Proof of socio-economic background.
- Received an offer letter / proof of acceptance to University.
- Have not received any scholarship or financial assistance from any other agency/ Organization
- Full completion of the scholarship application form within the dateline and received by the Bursary Unit.

The scholarship award is not a cash award but will be in the form of academic course offered.

The Scholarship is open for all programmes except LAW

Note:

- Scholarship recipient must maintain CGPA of 3.0 throughout their duration of study
- The duration of scholarship will end upon completion of the study period specified by MMU

Universiti Telekom Sdn. Bhd. (436821-T)

Bursary Unit, Finance Division Multimedia University,
Cyberjaya Campus, Persiaran Multimedia, 63100 Cyberjaya
Tel: +603 8312 5957/5085 Fax: +603 8312 5030
Melaka Campus, Jalan Ayer Keroh Lama, 75450 Melaka
Tel: +606 252 3639 Fax: +606 231 5604
Url : www.mmu.edu.my

Section A PERSONAL DETAILS

Full Name (as in IC)

Residential Address	
.....	
.....	
.....Post	Code:
.....	
House	Tel:.....
Handphone	No:.....
Email	
Address:.....	

Nationality:	Race:	Religion:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> female	Identity Card No: (new)
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Spoken:	Langguages: Written:

Section B EDUCATION QUALIFICATIONS

SPM / SPMV Examination Results

Name and Adress of School

Year Taken:

Subject	Grades

Subject	Grades

STPM / A-LEVEL / UEC Examination Results

Name and Adress of School

Name of Examination

Year Taken:		Overall Grade:	
Aggregate / CGPA:			

Subject	Grades	Subject	Grades

Other Qualifications / Awards

Date	Name of Examination / Award	Grade / Award

Section C **Medical Condition**

State present health condition and give details of any illness or disability that requires attention:

Section D **Extra-Curricular Activities / Reason(s) for Applying**

On a separate sheet of paper, please provide
<ul style="list-style-type: none"> a) Details of extra-curricular activities, including membership of societies / associations. b) State briefly your reason(s) for applying

Section E **Family Background**

Father		
Name:	Age:	I/C No:
Home Address:		

Tel:	
Name and Address of Employer:	Occupation:

Mother		
Name:	Age:	I/C No:
Home Address:		
Tel:		
Name and Address of Employer:	Occupation:	

Guardian (if applicable)		
Name:	Age:	I/C No:
Name and Address of Employer:		Occupation:
Tel:		

If parents / guardian are self-employed, provide the following particulars		Length of Establishment Of Business:
Name and Address of Business:	Nature of Business: month(s) year(s)
Tel: Is the Business wholly owned? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Partnership or joint venture, state share held by parents / guardian	

Annual Gross Income of Parent / Guardian

	Father (RM)	Mother (RM)	Guardian (RM)	Total (RM)

Name and Particulars of Siblings / Other Dependents

Name	Relationship	Age	Marital Status	Occupation	Annual Income (RM)

Section F

Referees

Gives names, addresses and occupations of two (2) referees (not related to the applicant)

Name (Dr/Mr/Mrs/Ms)

Name (Dr/Mr/Mrs/Ms)

Address

Tel No:

Address

Tel No:

Occupation

Occupation

PLEASE ATTACHED A COPY OF THE FOLLOWING DOCUMENTS.

- Copy of Identity Card (both side)
- SPM /O-Level / STPM / A-Level / UEC / Matriculation / Foundation
- Testimonial(s) and Record(s) of Participation in Extra-curricular Activities
- Supporting document(s) on financial status
- Copy of Student ID

DECLARATION BY APPLICANT

I hereby declare that the information given in this form is true to the best of my knowledge and that I have not wilfully suppressed any material fact relevant to this application. I understand and acknowledge that the University has the right to revise the terms and conditions as it deem fit. I also acknowledge that should any of information provided by me is incorrect the University has the right to revoke its offer.

Name: I/C No:

Signature: Date: