

SCHOLARSHIP APPLICATION FORM (Undergraduate Program)

INSTRUCTIONS

1. Please complete the application form in **BLOCK LETTER**.
2. Applicant must provide **certified true copies** of **Birth Certificate, Identity Card/Passport, academic results, Letter of Offer from MMU, parent/guardians Income Tax Assessment and all other supporting proof of documentation** where possible. All copies must be certified by an authorized person from Multimedia University (eg. Lecturer/Dean of Faculty). The Multimedia Scholarship Foundation may disregard any information which is not supported by any proof documentation.
3. This **scholarship** is open to all **BETA YEAR** students for **Undergraduate** study in **Cyberjaya Campus ONLY**.
4. Late or incomplete application form will not be accepted. The **COMPLETE APPLICATION** form should be addressed to **BURSARY UNIT, FINANCE DIVISION, MULTIMEDIA UNIVERSITY (CYBERJAYA CAMPUS)**.

PHOTO

A. PARTICULARS OF APPLICANT	
FULL NAME	:
GENDER	: MALE/FEMALE *
NRIC/PASSPORT NO.	:
DATE OF BIRTH	:
PLACE OF BIRTH	:
NATIONALITY	:
RACE	:
RELIGION	:
MARITAL STATUS	: SINGLE/MARRIED *
NO. OF DEPENDANTS (if married)	:
PERMANENT ADDRESS	:
CORRESPONDENCE ADDRESS (if different from permanent address)	:
CONTACT NO.	: (H) : _____ (H/P) : _____
EMAIL ADDRESS	:

* Delete whichever is inapplicable

MULTIMEDIA SCHOLARSHIP FOUNDATION (459996-M)
No 43000, Persiaran APEC, 63000 CyberJaya, Selangor Darul Ehsan, Malaysia

B. DETAILS OF COURSE APPLIED (in BETA YEAR)

NAME OF COURSE & MAJOR	:	
FACULTY	:	
COURSE DURATION	:	
COURSE COMMENCEMENT DATE (dd/mm/yy)	:	
MMU STUDENT ID	:	

* Please enclose **Letter of Offer** from Multimedia University

C. ACADEMIC QUALIFICATIONS (please attach CERTIFIED TRUE COPIES of results/transcripts)

1. SPM/'O-LEVEL'/EQUIVALENT: SCHOOL/YEAR _____

NO	SUBJECT	GRADE	NO	SUBJECT	GRADE
1			6		
2			7		
3			8		
4			9		
5			10		

2. STPM/'A-LEVEL'/EQUIVALENT: SCHOOL/YEAR _____

NO	SUBJECT	GRADE	NO	SUBJECT	GRADE
1			6		
2			7		
3			8		
4			9		
5			10		

3. OTHERS: ALPHA/DIPLOMA/EQUIVALENT

SCHOOL/INSTITUTION _____ YEAR _____ CGPA _____

NO	SUBJECT	GRADE
1		
2		
3		
4		
5		
6		
7		
8		

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D. SCHOLARSHIP/LOAN CURRENTLY RECEIVED (if any)

NAME OF SPONSOR	:	
SCHOLARSHIP/LOAN AMOUNT (RM)	:	
DURATION OF SCHOLARSHIP	:	1. YEAR START :- _____
	:	2. YEAR END :- _____

* Kindly note that successful applicant **MUST NOT** receive any educational funding from any other party throughout the entire course of study at Multimedia University
 * Please state any merit-scholarship received from Multimedia University

E. CO-CURRICULAR ACTIVITIES

SPORTS/SOCIETIES	YEAR	POSITION HELD

F. MEDICAL CONDITION

CURRENT ILLNESS (if any)	:	
SURGERY UNDERGONE PREVIOUSLY (if any)	:	BRIEF DESCRIPTION(S) :- _____ _____ _____ _____ _____
	:	YEAR(S) :- _____

MULTIMEDIA SCHOLARSHIP FOUNDATION (459996-M)

No 43000, Persiaran APEC, 63000 CyberJaya, Selangor Darul Ehsan, Malaysia

G. PARTICULARS OF PARENTS/GUARDIANS		
	FATHER/GUARDIAN	MOTHER/GUARDIAN
FULL NAME	:	:
NRIC/PASSPORT NO.	:	:
NATIONALITY	:	:
RACE	:	:
OCCUPATION	:	:
ANNUAL REMUNERATION*	:	:
OFFICE ADDRESS	:	:
PERMANENT ADDRESS	:	:
CORRESPONDENCE ADDRESS	:	:
CONTACT NO.	: (H) _____	: (H) _____
H = House	(O) _____	(O) _____
O = Office	(HP) _____	(HP) _____
HP = Mobile Phone		

* Please enclose Income Tax Assessment document

DECLARATION

I/We hereby declare that the above information is true and complete. In the event that any of the above information is not true and/or not complete, the MULTIMEDIA SCHOLARSHIP FOUNDATION shall be entitled to forthwith withdraw any scholarship (or offer thereof) in favour of the applicant.

.....
Signature of Applicant's Father/Guardian
Name :
Date :

.....
Signature of Applicant's Mother/Guardian
Name :
Date :

.....
Witness Signature
Name :
Date :

.....
Witness Signature
Name :
Date :

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H. PARTICULARS OF OTHER FAMILY MEMBERS (siblings, spouse and children)

NAME	RELATIONSHIP	AGE	OCCUPATION	COMPANY

I. DISCLOSURE AND DECLARATION

I hereby declare that all the information is true and complete. In the event that any of the above information is not true and/or not complete, the MULTIMEDIA SCHOLARSHIP FOUNDATION shall be entitled to forthwith withdraw any scholarship (or offer thereof) in my favour.

I hereby authorize Multimedia University to disclose any information in their possession to the MULTIMEDIA SCHOLARSHIP FOUNDATION. I further authorize the MULTIMEDIA SCHOLARSHIP FOUNDATION to obtain, and any third party to disclose to the MULTIMEDIA SCHOLARSHIP FOUNDATION, any information which the MULTIMEDIA SCHOLARSHIP FOUNDATION may require in respect of this application.

.....
Applicant Signature
Name :
Date :

.....
Witness Signature
Name :
Date :