



A. Personal Details

Name: _____

NRIC: _____

Sex: F M

Email Address: _____

Postal Address: _____

Home Address: _____

(if this differs from the above postal address for correspondence)

Home Phone: _____

Mobile Phone: _____



B. Educational Background

Name of School/Institution	Date Joined	Date Left	Qualification Attained



C. Academic Qualifications Details

Qualification / Certificate	Results / CGPA / Grade	Year Obtained



D. Extra Curricular Activities

Activities	School/Institution	Position Held



E. Awards, Commendations, Prizes Achieved

Types of Awards	Year Obtained



F. Work Experience

Organization	Job Title	Date Joined	Date Left



G. Parents/Guardian's Information

Name	Relationship	Occupation



H. Privacy Statement and Declaration

1. I declare that all information given by me in this application for LCW Badminton Academy Scholarship is true and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts will be sufficient cause for cancellation of consideration for application. I agree to report any changes to this information within 10 days of the change.
2. I permit the OLDTOWN CSR Committee or the third party appointed by OLDTOWN CSR Committee to check any information on this application to verify that I am eligible for assistance.
3. I agree to provide the necessary documents to verify the statements on this application, if documents are not available, I agree to give the name of person(s) or organization(s) (such as doctor, employer, teacher or principal) whom the OLDTOWN CSR Committee may contact for information about me and member(s) of my household that may be needed to show that we are eligible for help.
4. I agree that the OLDTOWN CSR Committee shall reserve the absolute right to approve / reject my application without assigning any reason.

Signature of Applicant:

Date:

FOR OFFICE USE ONLY:



I. Eligibility Assessment

Case checked by: _____ Date : _____

Comments: _____

Case followed up by: _____ Date : _____

Comments: _____



J. Final Decision

Application: Approved Fund allocated: RM _____

Payment Method: _____

Terms & Conditions: _____

Rejected Reason: _____

Other: _____

Final Approval:

Name:
Position:

Date: