



# Oldtown Education Scholarship Application Form



## 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. Academic Qualifications Details

	Completed Year/ Current Semester and Year	Results / CGPA / Grade	School / Institution
SPM			
STPM			
DIPLOMA			
DEGREE			



## C. Parents / Guardian's Information

No.	Name of Parents / Guardian	Relationship



## D. Sibling's Information

No.	Name of Sibling	Relationship



## E. Privacy Statement and Declaration

1. I declare that all information given by me in this application for *OLDTOWN Education 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:



