

OYL GROUP MALAYSIA SCHOLARSHIP PROGRAM APPLICATION FORM (SCHOLAR)

Personal Details

1

| | | | |
|-----------------------------|-------------------|--------------------|--|
| Full Name (as in IC) | | | |
| | | | |
| NRIC No. | | Gender | |
| Date of Birth |/...../..... | Nationality | |
| Age | | Race | |
| Marital Status | | Religion | |

Passport size photo

| | |
|-----------------------------|---------------------------|
| Contact Info | |
| Residential Address: | ..... |
| Post code: | State: |
| House Phone No: | 6 0 - |
| Mobile No: | 0 1 - |
| E-mail Address: | ..... |

| | |
|-----------------------------------|---|
| Tertiary Education Details | |
| University / College Name | : |
| Course Name | : |
| Course Duration | : |

Family Details

2

| | Father | Mother |
|--|---|---|
| Full Name (as in IC) | ..... | ..... |
| NRIC No. | ..... | ..... |
| Age | ..... | ..... |
| Residential Address | Post code: State: | Post code: State: |
| House Phone No | ..... | ..... |
| Mobile No | ..... | ..... |
| Occupation | ..... | ..... |
| Working Status | Working <input type="checkbox"/> Not Working <input type="checkbox"/> Retired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> | Working <input type="checkbox"/> Not Working <input type="checkbox"/> Retired <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> |
| If not working, is it temporary | YES <input type="checkbox"/> NO <input type="checkbox"/> | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Name of Employer | ..... | ..... |
| Address of Employer | Telephone No: Fax No: | Telephone No: Fax no: |

3 3(a) Household Income Per Month: _____

3(b) Annual Gross Income of Parents (Latest Year)

| | Father (RM) | Mother (RM) | Total (RM) |
|-------------------|-------------|-------------|------------|
| Employment | | | |
| Business | | | |
| Rental | | | |
| Others | | | |
| Total | | | |

Extra-Curricular Activities

| 8 | No | Associations / Societies / Club / Sport | From (Year) | To (Year) | Position Held |
|---|----|---|-------------|-----------|---------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

**** Please do not state position held in Associations / Societies / Club / Sport if no document is provided.**

Awards

| 9 | No | Award(s) and Details | Year | Levels / Grade |
|---|----|----------------------|------|----------------|
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| | | | | |
| | | | | |
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| | | | | |
| | | | | |

Medical Conditions

10 **10(a)** Any physical disability (e.g., sight, hearing, speech)?

| | | |
|--|-----|---------------------|
| | NO | Please state: _____ |
| | YES | _____ |

10 **10(b)** Please quote Disabled (OKU) Identification Card number (where applicable):

Disabled (OKU) Identification Card number: _____

10 **10(c)** Any previous illness / surgery?

| | | |
|--|-----|---------------------|
| | NO | Please state: _____ |
| | YES | _____ |

10 **10(d)** Any current illness?

| | | |
|--|-----|---------------------|
| | NO | Please state: _____ |
| | YES | _____ |

Working Experience

| 11 | Name of Company | Position | Date Joined | | Last Drawn Salary | Reason of leaving |
|----|-----------------|----------|-------------|----|-------------------|-------------------|
| | | | From | To | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Referees

****NOTE: NOT YOUR RELATIVES. PREFERABLY YOUR LECTURER(S) / TEACHER(S)**

12 Give **TWO** referees that are not related to you, who may attest to your achievements and qualifications:

| | | |
|--------------|-------------------|--|
| 12(a) | Name | |
| | Address | |
| | Employer Name | |
| | Contact No | |
| | Occupation | |
| | Relationship | |
| | No of Years Known | |

| | | |
|--------------|-------------------|--|
| 12(b) | Name | |
| | Address | |
| | Employer Name | |
| | Contact No | |
| | Occupation | |
| | Relationship | |
| | No of Years Known | |

Others

13 13(a) Were you a scholarship recipient before? YES NO

13(b) Are you **RECEIVING** any financial assistance or sponsorship from other organization, institution, fund or foundation? YES NO

If YES, please give details:

| Institution/Fund/Organization/Foundation (e.g., JPA, MARA, PETRONAS, PTPTN, etc.) | Duration of Sponsorship | | Amount Per Annum (RM) | Bond Period (if any) |
|---|-------------------------|----|-----------------------|----------------------|
| | From | To | | |
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |

13(c) Are you currently **APPLYING** any financial assistance or sponsorship from other organization, institution, fund or foundation? YES NO

If YES, please give details:

| Institution/Fund/Organization/Foundation (e.g., JPA, MARA, PETRONAS, PTPTN, etc.) | Duration of Sponsorship | | Amount Per Annum (RM) | Bond Period (if any) |
|---|-------------------------|----|-----------------------|----------------------|
| | From | To | | |
| 1) | | | | |
| 2) | | | | |
| 3) | | | | |

13(d) Have you applied for OYL Group scholarship before? YES NO

13(e) Were you the recipient of the OYL Group scholarship before? YES NO

13(f) Are you willing to serve an employment bond within any subsidiaries of OYL Group Malaysia upon successful completion of studies? YES NO

13(g) Are you willing to be an intern student under any subsidiaries of OYL Group Malaysia during school break? YES NO

Declaration

14 Declaration of School

14(a) I hereby confirm that the applicant as mentioned above has given the correct and accurate information.

14(b) I hereby confirm that the applicant is my school student.

NAME
PRINCIPAL / HEADMASTER / TEACHER

SIGNATURE
PRINCIPAL / HEADMASTER / TEACHER

SCHOOL STAMP

15 Declaration of Applicant

I, hereby declare that the information given in this application form is complete, true, accurate. I understand that any information given falsely or withheld will affect the decision of my application, and may result in my ineligibility for the scholarship award. I understand that any misrepresentation of facts herein will be sufficient cause for the company to terminate the scholarship received by me.

Signature of Applicant

Name:
I/C number :
Date :

OFFICE USE ONLY

Reference No : YES NO
 Rejected : YES NO
 Shortlisted : YES NO
 Date of Interview : YES NO
 Awarded : YES NO

