



# TOP GLOVE FOUNDATION SCHOLARSHIP APPLICATION FORM

## NOTES :

1. The application form should be completed in writing by the applicant. An incomplete form will not be considered.
2. Please attach the certified true copies of testimonials and certificates and originals should be produced during the interview.
3. If necessary, due to space constraint, please attach addendum.
4. Please read carefully the declaration on item 17.
5. Please return completed form to.

**TOP GLOVE FOUNDATION**  
**Scholarship Application**  
**LOT 4969, BT 6, JLN TERATAI, OFF JLN MERU,**  
**41050 SELANGOR D.E. MALAYSIA.**  
**Tel: +603-3392 1992 / 1905**  
**Fax: +603-3392 1291 / 8410**  
**Email : [tgscholarship@topglove.com.my](mailto:tgscholarship@topglove.com.my)**

## PART I - PERSONAL DETAILS

1. FULL NAME (Block Letters) : Mr / Ms							
2. (a) Correspondence Address :			(b) Tel. No. :				
			(c) Mobile. No. :				
			(d) Email Address :				
3. (a) Home Address if different from 2(a) :			(b) Tel. No. :				
4. (a) Date of Birth :			(b) Place of Birth :				
5. (a) Identity Card No : (old & new)			(b) Place of Issue :				
6. (a) International Passport No :			(b) Place of Issue :				
7. (a) Citizenship :		(b) Ethnic :		(c) Religion :			
8. (a) Sex : Male / Female			(b) Marital Status : Single / Married / Widow(er) / Divorced				
9. Languages : Indicate degree of fluency (Please tick (√))			Speaking			Writing	
			Good	Fair	Poor	Good	Fair
a. Bahasa Malaysia							
b. English							
c.							
d.							
e.							
f.							

<b>10. HEALTH</b> (a) Height (cm) :	(b) Weight (kg) :
(c) Any physical disability or handicap (e.g. sight, hearing, speech, etc.)	
(d) Give details of any sickness which you may have suffered	

<b>11. NAME OF COURSE INTENDED TO APPLY</b>	
a) Course you would like to apply to study (in order of priority)	i)
	ii)
	iii)
b) Explain why	

<b>PART II FAMILY DETAILS</b>			
<b>12 (a) Father</b>		<b>(b) Mother</b>	
i) Name :		i) Name :	
ii) Nationality :		ii) Nationality :	
iii) Ethnic :		iii) Ethnic :	
iv) Occupation :		iv) Occupation :	
v) Employer :		v) Employer :	
vi) Monthly Gross Income :		vi) Monthly Gross Income :	

<b>(c) Brothers and Sisters</b>				
Name	Age	Relationship	Occupation	Employer/School/ College/ University
1.				
2.				
3.				
4.				
5.				

<b>(d) Relatives working in TOP GLOVE Companies in Malaysia</b>			
<b>Name</b>	<b>Relationship</b>	<b>Occupation</b>	<b>Location &amp; Department</b>
1.			
2.			
3.			

**13. INTERESTS AND SUPPLEMENTARY DETAILS**

**(a) Details of your Hobbies and Sporting Activities & offices held.**

i)

ii)

iii)

**(b) Details of your activities at School/Colleges/Universities e.g. Societies, Teams, College, offices held etc.**

i)

ii)

iii)

**(c) Are you able to swim? Yes / No**

**PART III WORKING EXPERIENCES**

**14. WORKING EXPERIENCES**

<b>Name of Employer</b>	<b>Job Held</b>	<b>Period of Employment</b>		<b>Earning p.m.</b>
		<b>From</b>	<b>To</b>	
1.				
2.				

**15. (a) Are you presently receiving financial assistance from any institution/foundations?**

**Yes / No**

**If Yes, please give details:**

**(b) Are you presently bonded to any scholarship sponsors ?**

**Yes / No**

**If Yes, please give details:**

**PART IV EDUCATION DETAILS**

**16 (a) School Attended (starting from primary school)**

<b>Name of School</b>	<b>From</b>	<b>To</b>	<b>Achievement</b>
1.			
2.			
3.			
4.			

**Your stream of study : Science / Art**

**(b) University/College/Institute or Polytechnic**

<b>Name of Institution</b>	<b>Year</b>	<b>Discipline (Major)</b>	<b>Degree/ Diploma</b>
1.			
2.			
3.			

Examination :		Examination :		Examination :	
Year :		Year :		Year :	
<b>Subject</b>	<b>Grade</b>	<b>Subject</b>	<b>Grade</b>	<b>Subject</b>	<b>Grade</b>
1.		1.		1.	
2.		2.		2.	
3.		3.		3.	
4.		4.		4.	
5.		5.		5.	
6.		6.		6.	
7.		7.		7.	
8.		8.		8.	
9.		9.		9.	
10.		10.		10.	
11.		11.		11.	
12.		12.		12.	
Grade : Aggregate :		Grade : Aggregate :		Grade : Aggregate :	

## 17. DECLARATION

I DECLARE THAT ALL PARTICULARS GIVEN ABOVE ARE TRUE AND CORRECT. I UNDERSTAND THAT NO CONSIDERATION WILL BE GIVEN TO MY SCHOLARSHIP AWARD OR IN THE CASE OF SCHOLARSHIP THAT HAS BEEN OFFERED, IT WILL BE IMMEDIATELY CANCELLED, IF ANY OF THE PARTICULARS GIVEN ARE FALSE.

I AM ALSO AWARE THAT COMPLETING AND SUBMITTING THIS FORM IS NO GUARANTEE OF ANY ASSISTANCE WHATSOEVER FROM TOP GLOVE SCHOLARSHIP FUND.

**APPLICANT'S SIGNATURE**

**Headmaster/Head of Department/Institute/College/University**

\_\_\_\_\_  
Date : Signature:  
Name:  
Date:

**FOR OFFICE USE ONLY**

Date received : \_\_\_\_\_  
Acknowledge Date: \_\_\_\_\_  
Application Is Recommended / Not Recommended for consideration  
Interview Date: \_\_\_\_\_  
Venue \_\_\_\_\_ Time: \_\_\_\_\_  
Successful / Unsuccessful  
Notification Date: \_\_\_\_\_  
Remarks Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Interviewers

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date