

## HIGH ACHIEVER'S SCHOLARSHIP APPLICATION FORM

Photograph

Course Applied:		Intake:	
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(1) Personal Details:

Name of Applicant:		Student ID: (existing student)	
Correspondence Address:		IC No.:	
		Date of Birth:	
		Nationality:	
		Race:	
Home Address:		Sex:	
		Tel. No.: (House)	
		Mobile Phone:	
		Email address:	

(2) Educational Background:

Name of School(s)	Date Joined	Date Left	Qualification Attained

(3) Examination/Academic Results (SPM/STPM/UEC): \_\_\_\_\_ Year Graduated: \_\_\_\_\_

Subject	Grade	Subject	Grade

(4) Other Qualifications (Please provide details):

Qualification	Grade/Results

(5) Extra Curricular Activities:

No.	School/State//National	Verification by Principal/HEM
1		
2		
3		
4		

(6) Awards, Commendations, Prize, Certificates Achieved:

No.	Type of Awards	Year
1		
2		
3		
4		
5		

(7) Please indicate the reason for applying this scholarship through a letter (500 words).

(8) Parent/Guardian:

Name	Relationship	Occupation

**I declare that the information provided by me in connection with this application is true and correct. I understand and agree that SEGi Scholarship Board reserves the right to vary or reverse any decision regarding this application made on the basis of incorrect or incomplete information. I also agree to abide by all terms and conditions as stated.**

Signature:

\_\_\_\_\_

Name:

Date: \_\_\_\_\_

IC No.:

Instructions:

Please attach the following supporting documents:

- Certified copies of Identity card (both sides)
- Certified copies of academic certificate(s) and transcripts
- Certified copies of documents indicating sports/extra-curricular activities
- Letter indicating the reason for applying this scholarship.

And submit the application to:

**SCHOLARSHIP BOARD**

SEGi University College  
No.9, Jalan Teknologi,  
Taman Sains Selangor,  
Kota Damansara, PJU 5,  
47810 Petaling Jaya,  
Selangor D.E.

For enquiry, please contact:

Tel. No.: 03-6145 1777

Fax No.: 03-6145 2616

Email: scholarship@segi.edu.my

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FOR OFFICE USE			
Date received:		Application No:	SUC/HAS/_____
Date of interview:		Intake:	
<b>Approval Status:</b> <input type="checkbox"/> <b>Approved</b> <input type="checkbox"/> <b>Rejected</b>			
Remarks:			