

# DAMA GROUP SCHOLARSHIP PROGRAM CHECK LIST

Full Name of Applicant (as per I/C) : \_\_\_\_\_  
 Contact No (House) : \_\_\_\_\_  
 (H/P) : \_\_\_\_\_  
 Email Address : \_\_\_\_\_

Please attach this **CHECKLIST** as the front page together with other documents in the following order :

- a Check List
- b Scholarship Application Form
- c Supporting Documents Listed As Follow:

Have you submitted the following documents?

Please tick ( ✓ )

(✓)

1	Application Form	
2	Identity Card photocopy	
3	School Leaving Certificates photocopy	
4	School Testimonials photocopy	
5	University Acceptance / Offer Letter photocopy	
6	Academic Calendar (for the degree courses) photocopy	
7	Statement of Course Fees from Bursar of University photocopy	
8	Academic result (Photocopy):	
	*A.) University Academic Result (Only applicable for first year student)	
	B.) SPM/ SPMV	
	C.) STPM/ Matriculation/ 'A' Level/ UEC/ Foundation/ 'O' Level	
	D.) MUET/IELTS/1119/TOEFL	
9	Parents' Identity Card photocopy	
10	Parents' proof of income for the past 2 years - Tax Assessment / EA photocopy	
11	Parents' Salary Slip for the past 3 months photocopy	
12	Disability Card / OKU Card photocopy (if available)	
13	Disability Card / OKU Card - Physically Challenged Family Member photocopy (if available)	
14	Letter from Principle/ Faculty Dean/ Department of Student Affairs certifying that the applicant is not holding any scholarship / grant / loan from other sources	
15	Certificates of Co-Curriculum Activities photocopy	
16	Others (if any) Please state:	
17	All the certificates are certified by Principle/ Faculty Dean/ Department of Student Affairs	

Kindly ensure all required documents are attached.

**Incomplete documents submission might not be processed.**



# DAIKIN MALAYSIA GROUP SCHOLARSHIP PROGRAM APPLICATION FORM



## Personal Details

1	Full Name (as per IC)		NRIC No.		Date of Birth	
	Age		Marital Status		Gender	
	Nationality		Race		Religion	
	Mobile No		Home Tel No		Email Address	
Residential Address		_____ _____ Post code: _____ State: _____				

Tertiary Education Details	
University / College Name	: _____
Course Name	: _____
Course Duration	: _____

## Family Details

2	Father				Mother			
	Full Name (as per IC)		NRIC No.		Full Name (as per IC)		NRIC No.	
	Age			Age				
	Residential Address	Post code: _____ State: _____		Residential Address	Post code: _____ State: _____			
	House Phone No			House Phone No				
	Mobile No			Mobile No				
	Occupation			Occupation				
	Working Status	Working <input type="checkbox"/> Full Time	Not Working <input type="checkbox"/> Part Time	Retired <input type="checkbox"/>	Working Status	Working <input type="checkbox"/> Full Time	Not Working <input type="checkbox"/> Part Time	Retired <input type="checkbox"/>
	Name of Employer			Name of Employer				
	Address of Employer			Address of Employer			Telephone No	
							Fax no	

3 3(a) Household Income Per Month : RM \_\_\_\_\_

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

	Father (RM)	Mother (RM)	Total (RM)
Employment			
Business			
Rental			
Others			
<b>Total</b>			

3(c) Family Expenditure

Types of Expenditure	Monthly (RM)
House Installment / Rental	
Food	
Electricity / Water	
Telephone	
Loan Repayment (car / motor-bike / appliances / etc)	
Transportation	
Education	
Others (Please specify)	
<b>Total</b>	

4

Siblings Information							
Full Name	Age	Gender	Relationship	Marital Status	Occupation / Grade (if Study)	Company / School / Institution	Monthly Income (if working)

5 5(a) Has/have any of your siblings(s) currently/previously received any Scholarship? Yes  No

5(b) If YES, please state the following:

Siblings' Scholarship Information				
Full Name	Name of Organization / Institution	Course Name	Total Amount Per Annum	Course Duration (Years)

6 Physically Challenged Family Members (disability, diseases, impairs, etc) - IF ANY

Full Name	Age	Relationship	Illness/Impairs	Duration



### 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:

No	Name	Contact No.	Employer Name	Occupation	Relationship	No of Years Know
1						
2						

### Others

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 Daikin Malaysia Group scholarship before? YES  NO

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

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

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

### Brief Explanation

14 Tell us why are you interested in getting the Daikin Scholarship? (in not more than 100 words)

## Declaration

### 15 Declaration of School / College / University

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

15(b) I hereby confirm that the applicant is our school student.

\_\_\_\_\_  
NAME  
Principal / Faculty Dean / Dept of Student Affairs

\_\_\_\_\_  
SIGNATURE  
Principal / Faculty Dean / Dept of Student Affairs

\_\_\_\_\_  
School / College /  
University Stamp

### 16 Declaration of Applicant

I, hereby declare that the information given in this application form is complete, true and 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.

\_\_\_\_\_  
Name:  
IC No:  
Date:

#### OFFICE USE ONLY

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