

Application for The Alice Smith School Foundation Tertiary Study Grant

A- Applicant details

First name	
Family name	
Year enrolled into The Alice Smith School	
Leaving year from The Alice Smith School	
Date of birth	
Age	
*Gender	(<input type="checkbox"/>) Male (<input type="checkbox"/>) Female
Nationality	
Passport/NRIC	
Correspondence address	
Email (Personal email and not Alice Smith email)	
Mobile phone no. (State country code, followed by the no.)	

* Please tick (X) where appropriate

The Alice Smith School Foundation

No.2 Jalan Bellamy, 50460 Kuala Lumpur, Malaysia

Tel +603 2148 3674

Fax +603 2148 3418

Email: foundation@alice-smith.edu.my

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B- Family details

* Please tick (x) where appropriate	<input type="checkbox"/> Father	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Guardian	<input type="checkbox"/> Mother	<input type="checkbox"/> Stepmother	<input type="checkbox"/> Guardian
Please indicate priority for contact	<input type="checkbox"/> 1	<input type="checkbox"/> 2		<input type="checkbox"/> 1	<input type="checkbox"/> 2	
Name						
Nationality						
Occupation/Position						
Employer						
Office address						
Office phone no.						
Mobile phone no. (State country code followed by the no.)						
Home address						
Correspondence address (If different from the home address)						

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<p>Do you have any sibling(s)? * Please tick (x) where appropriate</p>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
	<p><u>Note:</u> Please complete the details of your sibling(s) below</p>		
Name	Name of sibling	Name of sibling	Name of sibling
Nationality			
Age			
Current status	<input type="checkbox"/> In employment <input type="checkbox"/> Studying	<input type="checkbox"/> In employment <input type="checkbox"/> Studying	<input type="checkbox"/> In employment <input type="checkbox"/> Studying
Details of current employment	Occupation/ Position: Name of company: Total years of working experience	Occupation/ Position: Name of company: Total years of working experience	Occupation/ Position: Name of company: Total years of working experience
Details of study - For sibling(s) who are still currently studying	Level of education: Name of school/ institution:	Level of education: Name of school/ institution:	Level of education: Name of school/ institution:
Home address			

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C- Details of applicant's undergraduate programme

Firm Choice

Name of university	
Course that will be pursued	
Year and month to be enrolled	
Year expected to graduate	
Years of study (No. of years)	
Total cost of the tuition fee (State in the currency charged)	
Cost of the tuition fee annually (State in the currency charged)	
Estimated annual cost of living (State in the currency charged)	
Address of university	
Contact person at the university (Eg: Admissions/International Office)	
Email address at the university (Eg: Admissions/International Office)	

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Insurance Choice

Name of university

Course that will be pursued

Year and month to be enrolled

Year expected to graduate

Years of study (No. of years)

Total cost of the tuition fee
(State in the currency charged)

Cost of the tuition fee annually
(State in the currency charged)

Estimated annual cost of living
(State in the currency charged)

Address of university

Contact person at the university
(Eg: Admissions/International
Office)

Email address at the university
(Eg: Admissions/International
Office)

D- Financial assistance

Please provide details of any alternative financial assistance received/will be received during the undergraduate programme. Please also state any other form of financial assistance that you have applied.

Name Eg: Name of assistantship/ scholarship/bursary/loan		
Status	* Offered/ Will be received/ Pending appropriate	*Please bold where appropriate
Duration		
Value (state in the currency charged)		
Details		

Name Eg: Name of assistantship/ scholarship/bursary/loan		
Status	* Offered/ Will be received /Pending appropriate	*Please bold where appropriate
Duration		
Value (state in the currency charged)		
Details		

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E-Personal Statement

To complete your application, please include your 250-500 word personal statement stating the reasons for this application and why you should be offered the grant.

(Large dashed box for E-Personal Statement)

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Declaration

I warrant that the information on this form and provided in support of my application is correct and complete. I acknowledge that any incorrect information or the withholding of relevant information relating to this application might invalidate the application and that The Alice Smith School Foundation (Foundation) may withdraw an offer of the Tertiary Study Grant or cancel the Tertiary Study Grant in consequence.

Should the Foundation determine that I have submitted a false document, I consent to the Foundation disclosing this information to other relevant institutions.

I hereby grant my consent to the Foundation to collect, retain and process the information given to the Foundation for the following purposes:

- a. to access my application for the Tertiary Study Grant;
- b. to verify information provided in the application form; and
- c. to disclose the information to the relevant government authorities and/or third parties as required by law.

I agree to abide by the statutes, regulations and policies of the Alice Smith School and The Alice Smith Association.

I have read and understood the above conditions and accept them fully.

Name	
Signature	
Date of application	

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For office use only

(Large dashed rectangular box for office use only)

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