

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 | () Male () 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

B- Family details

| | | | | | | |
|--|------------|----------------|--------------|------------|----------------|--------------|
| * Please tick (x) where appropriate | () Father | () Stepfather | () Guardian | () Mother | () Stepmother | () Guardian |
| Please indicate priority for contact | () 1 | () 2 | | () 1 | () 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) | | | | | | |

| | | | |
|---|---|---|---|
| Do you have any sibling(s)? * Please tick (x) where appropriate | () Yes <u>Note:</u> Please complete the details of your sibling(s) below | | () No |
| Name | Name of sibling | Name of sibling | Name of sibling |
| Nationality | | | |
| Age | | | |
| Current status * Please tick (x) where appropriate | () In employment () Studying | () In employment () Studying | () In employment () 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 | | | |

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) | |

| 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 <i>*Please bold where appropriate</i> |
| Duration | |
| Value (state in the currency charged) | |
| Details | |

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

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.

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:

- to access my application for the Tertiary Study Grant;
- to verify information provided in the application form; and
- 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 | |



For office use only

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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