

SCUOLA SUPERIORE SCHOLARSHIP APPLICATION FORM

Note:

1. Please read carefully before completing this registration form (In BLOCK CAPITALS).
2. All details must be completed.
3. Kindly affix your recent passport size photograph on the designated column.
4. Please circle where applicable.

Passport
Size Photo
Here

Course:

Year: (MM/YY)

A. PERSONAL DETAILS	
Full Name:	
I.C. No:	Place of Birth:
Date of Birth: (dd/mm/yy)	Age:
Sex:	Marital Status:
Race:	Religion:
Nationality:	Email:
Correspondence Address:	
Postcode:	Country:
Permanent Address:	
Postcode:	Country:
Telephone No:	Mobile No:

Name of Father:	
If Guardian, state relationship:	
Correspondence Address:	
Postcode:	Country:
Phone No:	Mobile No:
Email:	Occupation:

Name of Mother:	
If Guardian, state relationship:	
Correspondence Address:	
Postcode:	Country:
Phone No:	Mobile No:
Email:	Occupation:

B. DETAILS OF OTHER FAMILY MEMBERS	
Name 1:	Occupation 1:
Relationship 1:	Age 1:
Name 2:	Occupation 2:
Relationship 2:	Age 2:

Name 3:	Occupation 3:
Relationship 3:	Age 3:
Name 4:	Occupation 4:
Relationship 4:	Age 4:

C. ACADEMIC QUALIFICATION

Highest Academic Qualification

Highest term of examination passed: SPM / O' Levels STPM / A' Levels Others

SPM/ 'O' Levels OR Equivalent: School / Institution _____ Year _____

No.	Subject	Grade	No.	Subject	Grade
1			6		
2			7		
3			8		
4			9		
5			10		

SPM/ 'A' Levels OR Equivalent: School / Institution _____ Year _____

No.	Subject	Grade	No.	Subject	Grade
1			6		
2			7		
3			8		
4			9		

5			10		
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Others _____ School / Institution _____ Year _____		
No.	Subject	Grade
1		
2		
3		
4		
5		
6		

NOTE: Please attach certified true copies of results / transcripts with this application form

D. EXTRA CURRICULAR ACTIVITIES			
<i>(Complete this section in detail. You may attach a separate sheet, if required)</i>			
No.	Games / Societies	Position Held	Year
1			
2			
3			
4			
5			
6			
7			

NOTE:
Please attach certified true copies of certificates of ECA achievements with this application

H. TERMS & CONDITION OF THE SCHOLARSHIP

1. Attach all documentary evidence of academic and other qualifications with this form.
2. SCUOLA SUPERIORE reserves the right to revoke any scholarship due to failure in examinations, withdrawal from program before completion and/or non-compliance with the Rules and Regulations of the SCUOLA SUPERIORE.
3. All decisions made by SCUOLA SUPERIORE on matters pertaining to the scholarships will be final.
4. Only short-listed applicants will be notified
5. The scholarship is awarded based on recommendation of the School Principal. Hence, the School Principal must endorse the Scholarship Application Form and clearly indicate the type of award.
6. Application form should be submitted to **SCUOLA SUPERIORE YEP** through the school. Individual submission by applicants will not be accepted. Address to be submitted to:

SCUOLA SUPERIORE YEP

Suite 11.01 Block E ,
Phileo Damansara 1,
9 Jalan 16/11,
46350 Petaling Jaya,
Selangor Darul Ehsan,
Malaysia

7. Application forms should reach SCUOLA SUPERIORE YEP by 15th April 2009 for year 2009 intakes.
8. The short-listed applicants are required to confirm acceptance of the scholarship by registering with SCUOLA SUPERIORE YEP by 20th April 2009. Application and Registration Fees must be paid by this date. Failure to do will imply that the applicant declines the scholarship.
9. In order to cultivate leadership and organizational capabilities. Scholarship recipients are required to fulfill an internship of 3-5 hours per week to assist the Academic Department in administration, peer counseling, extra curricular activities, and marketing activities. <we can create something relevant to the sponsors of the scholarship>

I. DECLARATION

I, the undersigned, declare that the particulars given by me in this form are correct, that I have read the terms and conditions of the scholarship and agree to abide by the terms and conditions of the scholarship. I understand that the award can be withdrawn if any information given in this form is found to be inaccurate. I have read and understood the conditions of the award as stated in the form.

Applicant's signature: _____

Date: _____

FOR OFFICE USE ONLY

Form received and checked by :

Date:

Recommended by:

Date:

Recommendation:

Approved / Reject:

Registrar's Signature: