

# KOTA KINABALU HAKKA ASSOCIATION

Peti Surat 10158, 88801 Kota Kinabalu, Sabah, Malaysia Tel: 088-262448 Fax: 088-223216

(photo)

# APPLICATION FOR KOTA KINABALU HAKKA ASSOCIATION MERIT SCHOLARSHIP

STUDENT INFORMATION (USE BLOCK LETTERS)

FULL NAME:	NRIC No:			
Registered Programme:		Intake:	(year)	_(month)
Home address:		Home Tel:		
		Mobile No: _		
		Email:		
Gender: Date of Birth:	Nationality	:	Race:	
SECONDARY SCHOOL (USE BLOCK LE	ETTERS)			
Name of School:	State:		Contact No:	
School Referee:	Relationship to Applicant:			
DETAILS OF PARENT/GUARDIAN (U	JSE BLOCK LETTERS)			
Name of Father:		NR	RIC No:	
Occupation:	Company/De	epartment Na	ime:	
Email:	_ Office Tel No:		Mobile No:	
Name of Mother:		NF	RIC No:	
Occupation:	Company/De	epartment Na	ime:	
Email:	_Office Tel No:		Mobile No:	
Are your parents financing your studies (If no, please specify below)	? Yes		,	
Name of Financial Supporter:		NI	RIC No:	
Occupation:	Company/De	epartment Na	ime:	
Email:	_Office Tel No:		Mobile No:	

#### ACADEMIC QUALIFICATIONS (USE BLOCK LETTERS)

SPM

O-Level

Cubicat	Crada	Cubicot	Crada
Subject	Grade	Subject	Grade

#### EXTRA CURRICULAR ACTIVITIES (USE BLOCK LETTERS)

(Additional details may be added on an attached document)

Clubs/Societies/Sports/Uniformed Bodies	Position	Term

## OTHER QUALIFICATIONS AND ACHIEVEMENTS (USE BLOCK LETTERS)

(Additional details may be added on an attached document)

Date	Details		

### **DECLARATION OF APPLICANT**

I hereby declare that the information given is accurate and true. I understand that this offer may be withdrawn if any information provided in this form is found to be inaccurate or fraudulent or in contradiction to the Terms & Conditions as specified herein. I agree to abide by all academic, administrative and examination rules and regulations of the Programme and the Institute.

I have also read, understood and agreed to the terms and conditions as specified herein. I understand that the award of any category of scholarship is at the sole discretion of the Institute.

# X Signed by applicant: \_\_\_\_\_

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For office use       Accepted (Value: 100%   Partial	%)	Rejected
Comments:		
Received by:	Signature:	Date of Receipt:
Approved by:	Signature:	_ Date of Receipt: