

Application Form (Didik-Kasih Scholarship Program) *Please fill in where applicable.*

A. Applicant Information

Name (as per NRIC)																																
NRIC Number											-											-										
Address																																
Postcode											District																					
Contact No.											-																					
H/P Tel. No.											-																					
Part Time Job (if any)																																
Monthly Income																																

B. Academic. *Please attach a different sheet if not enough space.*

SPM Result															
School Name															
Learning stream (eg ; sciences)															
Academic Transcript															
Institution Name															

C. Extra Curriculum/Skills/Hobbies Information *Please attach a different sheet if not enough space.*

Extra Curriculum (Club / society, position, achievements, etc)																														
Volunteering / Leadership skill																														
Skills and Interest																														

Monthly Expenses (Applicant)

Type of Expenses	Expenses (RM)
Daily expenses	
Books / Exercise book	
Hostel/House rental	
Vehicle Installment (if any):	
School Fees (monthly fees)	
Transportation (Grab, Bus, Lrt, KTM)	
Medical (<i>Please attach latest medical report from Hospital / Clinic</i>)	
Utility Bills (Phone bill, Electric bill, water bill)	
Monthly Expenses (Food, toiletries, Printing)	
Others. Please specify: Eg; Club fees	

D. Family Member Information (Parents/Guardian & Sibling)

Full Name (as per NRIC)	Age	Relationship	School / Occupation	Income (RM)	Tel	Stay with applicant?
						Y / N
						Y / N
						Y / N
						Y / N
						Y / N
						Y / N

Remarks:

E. Family Household Income and Expenses Information**Expenses (Monthly)**

Type of Expenses	Expenses (RM)
House Installment / Rental	
Vehicle Installment (Type:)	
School Fees (other children pocket money)	
Transportation (Petrol, LRT, KTM, Bus)	
Medical (<i>Please attach latest medical report from Hospital / Clinic</i>)	
Utility Bills (Electricity, Water, Astro, Others)	
Household Expenses	
Others. Please specify:	

F. Family Household Income and Expenses Information**Income**

Type of Income	Applicant (RM)	Other household members staying together; Parents/Guardian, Sibling (RM)
Gross Income (Employment)		
Other Income. Please specify:		
Pension (Ilal / Socso, Others)		
Support from other government / welfare agency		
Other monetary support		

G. Applicant's Declaration

Name : _____

NRIC :

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I, as per name indicated above, hereby declare that all information provided in this form are **TRUE** and **COMPLETE**. I understand that should any of the information and details provided are found to be untrue, the assistance and support provided to me or my family by Great Vision Charity Association could be **TERMINATED WITH IMMEDIATE EFFECT**.

(Signature of Applicant)

Stricly no computer sign

Date:

		/			/				
D	D		M	M		Y	Y	Y	Y

H. For Office Use

This declaration is held in front of:

(Signature of Supervisor)

Name:

NRIC:

Date:

Supporting Document Checklist

- | | |
|------------------------------------|--------------------------|
| 1. Photocopy IC of Applicant | <input type="checkbox"/> |
| 2. Photograph of Applicant | <input type="checkbox"/> |
| 3. Result Slip, School Certificate | <input type="checkbox"/> |
| 4. Other Supporting Document | <input type="checkbox"/> |

Additional Remarks from Supervisor

Family Status	<input type="checkbox"/> Orphan	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Poor Family	<input type="checkbox"/> Neglect/Abused Family
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Note:

Status: