



# MSEF SIYUAN Scholarship

# Criteria:

| Candidate must have been admitted into UTAR full time Undergraduate                  |
|--|
| programmes with minimum CGPA of 2.7500;  |
| A Malaysian citizen;   |
| Applicants must be aged 25 years old and below;                                      |
| Good behaviour and good character;   |
| Active participation in extra-curricular activities;                                 |
| Willing to get involved in community service activities;                             |
| Low family income;   |
| Must <u>not</u> be a recipient of other scholarship and financial aid from any other |
| organisation and /or institutions, except for PTPTN.                                 |
|  |
|  |

# **CHECKLIST FOR APPLICANT (COMPULSORY):**

# Please tick (V) the checklist:

| Part I: Applicant/Student Information   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| One (1) certified true copy of Identity Card (Front and Back)   |  |  |  |  |  |  |
| One (1) recent passport size photo  |  |  |  |  |  |  |
| Latest transcripts (including SPM, STPM/A level/UEC or equivalent qualification)  |  |  |  |  |  |  |
| Extra-curricular activity reports and certificates (Please list the most recent to the oldest and indicate period of achievement, e.g. Achievement during Secondary School")  |  |  |  |  |  |  |
| Recommendation letter (secondary school class teacher, principal, Head of Department)   |  |  |  |  |  |  |
| Self and Morality Evaluation Form as per requested by sponsor (Get the form from DSFA Office)   |  |  |  |  |  |  |
| Compulsory to read the "Instructions for application" at Page 9   |  |  |  |  |  |  |
| Part II: Family Information   |  |  |  |  |  |  |
| Copy of parent/guardian IC (front and back)   |  |  |  |  |  |  |
| Parent/Guardian's latest income tax (preferred), or latest three-months' pay slip with company letterhead, or copy of KWSP details, or other supporting document (B form/BE form, salary slip, KWSP statement/declaration letter*)                                |  |  |  |  |  |  |
| *Declaration letter must certify by "Jabatan Angkat Sumpah".  |  |  |  |  |  |  |
| Remark: If the parent is without income, the sibling who supports the family expenses is also listed as a guardian.   |  |  |  |  |  |  |
| Other supporting documents (Compulsory), such as: (if any)  |  |  |  |  |  |  |
| Divorce Certificate, Adoption certificate, OKU card, Death certificate, etc.  |  |  |  |  |  |  |
| Part III: Financial Situation   |  |  |  |  |  |  |
| Other Bursary/ financial aid agreement/ statement (eg: PTPTN) (Compulsory)  |  |  |  |  |  |  |
| Cost of family member is on long term medication (if any), need to provide supporting document such as medical report / receipt   |  |  |  |  |  |  |
| Latest 3 consecutive months of water bills and electricity bills  |  |  |  |  |  |  |
| Tenancy Agreement (if any)  |  |  |  |  |  |  |
| Home photos: indoor (living room, kitchen, bedroom), outdoor (front of house and house number)  |  |  |  |  |  |  |
| Photos of the vehicle owned by the family (front and back, visible with license plate, car's certificate and model)   |  |  |  |  |  |  |
| Part IV: Guarantor *please READ Appendix 1  |  |  |  |  |  |  |
| <u>During submission of application</u> , (2) two guarantors are required (one relative from family A; one relative from family B / non- relative);<br>Guarantors' information is required fill up in Item No.20  |  |  |  |  |  |  |
| For shortlisted candidates, guarantors' documents are compulsory to submit within 3 weeks. Documents required as below:  a. Copy of IC card (front and back)  b. Latest income tay (proferred), or latest three months' pay slip with company letterhead, or sony |  |  |  |  |  |  |
| <ul> <li>b. latest income tax (preferred), or latest three-months' pay slip with company letterhead, or copy of KWSP details, or other supporting document (EA form/BE form, salary slip, KWSP statement/declaration letter*)</li> </ul>                          |  |  |  |  |  |  |

#### **APPENDIX 1**

# **Conditions and qualifications of the guarantor:**

- o Malaysia Citizen
- o At least 21 years old
- o Physically and mentally fit
- With stable income (Minimum net salary RM 2,000.00)
- Those who are considered solid and reliable by the selection committee
- The guarantors should consist of <u>(1) relative from family A AND (1) relative from family B or non-relative (friend/neighbor/teacher)</u>.

### **Responsibilities of the Guarantor:**

- Guarantor is to provide the student's latest contact information (contact number,
   email address and residential address)
- Supervise or ensure that students continue to perform community services before and after graduation.
- If the beneficiary student violates any of the terms of this agreement, the guarantor
   will be liable for the repayment of the stipulated amount (penalty).

|  |                                |         | SEC      | CTION   | A – PE  | RSONAL INFOR      | RMATIC   | ON                          |                       |  |
|--|--------------------------------|---------|----------|---------|---------|-------------------|----------|-----------------------------|-----------------------|--|
| (Please ma                                     | ke sure all columns are fill t | ıp witi | h neces: | sary in | form    | ation)            |          |                             |                       |  |
| 1. Name  | :                              |         |          |         |         |                   | 1.C      | C. No:                      |                       |  |
|  | (as in Identity Card)          |         |          |         |         |                   |          |                             |                       |  |
| 2. Facult                                      | y:                             |         |          |         |         | Programme:        |          |                             |                       | Sex: Male/Female*  |
| 3. Intake Year (e.g. May 2011)Student Reg. No: |                                |         |          |         |         |                   |          |                             |                       |  |
| 4. Date & Place of Birth:Nationality:          |                                |         |          |         |         |                   |          |                             |                       |  |
| 5. Home  | Address:                       |         |          |         |         |                   |          |                             |                       |  |
| 6. Corres                                      | oondence Address:              |         |          |         |         |                   |          |                             |                       |  |
| Tel. No  | ·                              | Head    | dphone   | No:     |         |                   |          |                             |                       |  |
| E-mail:  |                                |         |          |         |         |                   |          |                             |                       |  |
|  |                                |         | SE       | CTION   | IB-F    | AMILY INFORM      | 10ITAN   | N                           |                       |  |
| 7. Detail:                                     | s of Parents'/ Guardian's fi   | nancia  |          |         |         |                   |          |                             | d in the check        | dist)  |
|  |                                |         |          |         |         |                   |          | ngle/Married/               |                       | Income from  |
|  | Name                           |         | Age      |         | C       | Occupation Separa |          | arated/Divorced<br>/Widowed | Monthly<br>Income (RM | Other Sources  |
| Father   |                                |         |          |         |         |                   |          |                             |                       |  |
| Mother<br>Guardian                             |                                |         |          |         |         |                   |          |                             |                       |  |
|  |                                |         |          |         |         |                   | <u> </u> |                             |                       |  |
| 8. Details                                     | s of sibling(s):               |         |          |         |         | l <sub>j</sub>    | f worki  | ing                         |                       | fstudying  |
| Name F   |                                | Rela    | ationshi | p A     | Age     | Occupat           | ion      | Monthly<br>Income<br>(RM)   | Level                 | Name of<br>School/<br>Institution/<br>College/<br>University |
|  |                                |         |          |         |         |                   |          |                             |                       |  |
|  |                                |         |          |         |         |                   |          |                             |                       |  |
|  |                                |         |          |         |         |                   |          |                             |                       |  |
|  |                                |         |          |         |         |                   |          |                             |                       |  |
|  |                                |         | SEC      | TION    | C – FIN | NANCIAL INFOR     | MATIC    | ON                          |                       |  |
| 9. List so                                     | urces of financial support     | for yo  |          |         |         |                   |          |                             |                       |  |
|  |                                |         |          |         | Educ    | cation            |          |                             | Living Allowa         | ance   |
| Relationsh                                     | ip                             |         |          |         |         |                   |          |                             |                       |  |
| Amount   |                                |         |          |         |         |                   |          |                             |                       |  |

<sup>\*</sup>Delete whichever not applicable \*\* If there is insufficient space in this form, please attach additional sheets of paper

| Name of Scholarship/Loan   Month of Application   Status of Application  | 10. Have you <b>APPLIED</b> to any o | ther source for | financial                 | assistand              | e for the <b>CURRENT YEAR</b>         | ?                           |                      |             |
|--|--------------------------------------|-----------------|---------------------------|------------------------|---------------------------------------|-----------------------------|----------------------|-------------|
| 11. Have you ever been AWARDED any bursary, scholarship/ loan or financial assistance from the University or any government or other sources?  Please tick appropriately:  | Please tick appropriately:           |                 | ☐ YE                      | S                      | □ NO                                  |                             |                      |             |
| 11. Have you ever been AWARDED any bursary, scholarship/ loan or financial assistance from the University or any government or other sources?  Please tick appropriately:  | Name of Scholarship/L                | .oan            | Month of Application      |                        |                                       | Status of Application       |                      |             |
| or other sources?  Please tick appropriately:  |                                      |                 |                           |                        |                                       |                             |                      |             |
| or other sources?  Please tick appropriately:  |                                      |                 |                           |                        |                                       |                             |                      |             |
| or other sources?  Please tick appropriately:  |                                      |                 |                           |                        |                                       |                             |                      |             |
| If Yes, specify:    Name of Scholarship/Loan being   German   Packages of the Scholarship   Loan   L |                                      | RDED any bursa  | ry, schol                 | arship/ lo             | an or financial assistance            | from the Un                 | iversity or any      | government  |
| Name of Scholarship/Loan being   Packages of the Scholarship / Loan      | Please tick appropriately:           |                 | ☐ YE                      | S                      | □NO                                   |                             |                      |             |
| Awarded [eg: 2019-2020] Loan [eg: 100% tultion fee, RMXXX monthly allowance etc]   | If Yes, specify:                     |                 |                           |                        |                                       |                             |                      |             |
| On-going   Ended   On-going   On-going   Ended   On-going   On-going   Ended   On-going   O   |                                      | 0               |                           | [eg: 1                 | <b>Loan</b><br>00% tuition fee, RMXXX | Scholarsi                   | hip/Loan as          | -           |
| SECTION D - OTHERS  12. Property (Currently Staying with Family):  Do your parents own a house? Yes / No How many properties do your parents own?  Item    Type of property  |                                      |                 |                           |                        | -                                     | ☐ On-goir                   | ng 🖵 Ended           |             |
| SECTION D - OTHERS  12. Property (Currently Staying with Family):  Do your parents own a house? Yes / No How many properties do your parents own?  Item    Type of property (Example: Single/Double Terrace house/ Apartment / Flat)   |                                      |                 |                           |                        |                                       | ☐ On-goir                   | ng 🗖 Ended           |             |
| 12. Property (Currently Staying with Family):  Do your parents own a house? Yes / No How many properties do your parents own?  Item  |                                      |                 |                           |                        |                                       | ☐ On-goi                    | ng 🖵 Ended           |             |
| 12. Property (Currently Staying with Family):  Do your parents own a house? Yes / No How many properties do your parents own?  Item  |                                      |                 |                           |                        |                                       |                             |                      |             |
| 12. Property (Currently Staying with Family):  Do your parents own a house? Yes / No How many properties do your parents own?  Item  |                                      |                 |                           | SECTION                | D - OTHERS                            |                             |                      |             |
| Item   (Example: Single/Double Terrace house/ Apartment /Flat)   Type:   Type:   Type:   Type:     Monthly Installment / Rental  | Do your parents own a house? Y       | 'es / No        |                           |                        |                                       |                             |                      |             |
| Monthly Installment / Rental Year of Purchased Year of Installment Name of owner Relationship with Applicant Number of members staying in the house including you Who are the family members staying in the house? (including you)  13. Vehicle(s) Record Own by Family Member(s) (To submit supporting document as listed in the checklist):  Category  Model of Vehicle (1) Model of Vehicle (2) Model of Vehicle (3)  Year of Purchased Price of Vehicle Year of Installment Owner of the Vehicle Monthly Installment   |                                      |                 | (F                        | vamnle: 9              |                                       |                             | ent /Flat)           |             |
| Year of Purchased Year of Installment Name of owner Relationship with Applicant Number of members staying in the house including you Who are the family members staying in the house? (including you)  13. Vehicle(s) Record Own by Family Member(s) (To submit supporting document as listed in the checklist):  Category  Model of Vehicle (1) Model of Vehicle (2) Model of Vehicle (3)  Year of Purchased Price of Vehicle Year of Installment Owner of the Vehicle Monthly Installment  | Item                                 | Туре:           | (L.                       | varribie: .            |                                       |                             |                      |             |
| Year of Installment Name of owner Relationship with Applicant Number of members staying in the house including you Who are the family members staying in the house? (including you)  13. Vehicle(s) Record Own by Family Member(s) (To submit supporting document as listed in the checklist):  Category  Model of Vehicle (1) Model of Vehicle (2) Model of Vehicle (3)  Year of Purchased Price of Vehicle Year of Installment Owner of the Vehicle Monthly Installment  |                                      |                 |                           |                        |                                       |                             |                      |             |
| Name of owner Relationship with Applicant Number of members staying in the house including you Who are the family members staying in the house? (including you)  13. Vehicle(s) Record Own by Family Member(s) (To submit supporting document as listed in the checklist):  Category  Model of Vehicle (1)  Model of Vehicle (2)  Model of Vehicle (3)  Year of Purchased Price of Vehicle Year of Installment Owner of the Vehicle Monthly Installment  |                                      |                 |                           |                        |                                       |                             |                      |             |
| Relationship with Applicant Number of members staying in the house including you  Who are the family members staying in the house? (including you)  13. Vehicle(s) Record Own by Family Member(s) (To submit supporting document as listed in the checklist):  Category  Model of Vehicle (1)  Model of Vehicle (2)  Model of Vehicle (3)  Year of Purchased  Price of Vehicle  Year of Installment  Owner of the Vehicle  Monthly Installment   |                                      |                 |                           |                        |                                       |                             |                      |             |
| Number of members staying in the house including you  Who are the family members staying in the house? (including you)  13. Vehicle(s) Record Own by Family Member(s) (To submit supporting document as listed in the checklist):  Category  Model of Vehicle (1)  Model of Vehicle (2)  Model of Vehicle (3)  Year of Purchased  Price of Vehicle  Year of Installment  Owner of the Vehicle  Monthly Installment   |                                      |                 |                           |                        |                                       |                             |                      |             |
| in the house including you  Who are the family members staying in the house? (including you)  13. Vehicle(s) Record Own by Family Member(s) (To submit supporting document as listed in the checklist):  Category  Model of Vehicle (1)  Model of Vehicle (2)  Model of Vehicle (3)  Year of Purchased  Price of Vehicle  Year of Installment  Owner of the Vehicle  Monthly Installment   |                                      |                 |                           |                        |                                       |                             |                      |             |
| staying in the house? (including you)  13. Vehicle(s) Record Own by Family Member(s) (To submit supporting document as listed in the checklist):  Category  Model of Vehicle (1)  Model of Vehicle (2)  Model of Vehicle (3)  Year of Purchased  Price of Vehicle  Year of Installment  Owner of the Vehicle  Monthly Installment  |                                      |                 |                           |                        |                                       |                             |                      |             |
| Category  Model of Vehicle (1)  Model of Vehicle (2)  Model of Vehicle (3)  Year of Purchased  Price of Vehicle  Year of Installment  Owner of the Vehicle  Monthly Installment  | staying in the house?                |                 |                           |                        |                                       |                             |                      |             |
| Year of Purchased Price of Vehicle Year of Installment Owner of the Vehicle Monthly Installment  | 13. Vehicle(s) Record Own by Fa      | amily Member(:  | s) ( <mark>To su</mark> l | <mark>bmit supp</mark> | orting document as listed             | <mark>l in the check</mark> | <mark>list</mark> ): | _           |
| Price of Vehicle Year of Installment Owner of the Vehicle Monthly Installment  | Category                             | Model of        | Vehicle                   | (1)                    | Model of Vehicle (                    | (2)                         | Model of \           | /ehicle (3) |
| Year of Installment Owner of the Vehicle Monthly Installment   |                                      |                 |                           |                        |                                       |                             |                      |             |
| Owner of the Vehicle Monthly Installment   |                                      |                 |                           |                        |                                       |                             |                      |             |
| Monthly Installment  | Year of Installment                  |                 | -                         |                        |                                       |                             |                      |             |
|  |                                      |                 | -                         |                        |                                       |                             |                      |             |
| User   | Monthly Installment                  |                 |                           |                        |                                       |                             |                      |             |
|  | User                                 |                 |                           |                        |                                       |                             |                      |             |

<sup>\*</sup>Delete whichever not applicable
\*\* If there is insufficient space in this form, please attach additional sheets of paper

| Category                |  |                    | N                   | 1onthly Co | ost (RM)   |                 |               |
|-------------------------|--|--------------------|---------------------|------------|------------|-----------------|---------------|
| 1) Room Rent            |  |                    |                     | ,          | ,          |                 |               |
| Transportation          |  |                    |                     |            |            |                 |               |
| Food                    |  |                    |                     |            |            |                 |               |
| Study Material          |  |                    |                     |            |            |                 |               |
| Others                  |  |                    |                     |            |            |                 |               |
| o there                 | TOTAL                                  |                    |                     |            |            |                 |               |
| *Dlease provide the jus | stification if monthly expens          | ses are more than  | RM1000 needed       |            |            |                 |               |
| ricade provide and jud  | egreation g monemy expens              |                    | 2000                |            |            |                 |               |
|                         |  |                    |                     |            |            |                 |               |
|                         |  |                    |                     |            |            |                 |               |
|                         |  |                    |                     |            |            |                 |               |
|                         |  |                    |                     |            |            |                 |               |
|                         |  |                    |                     |            |            |                 |               |
|                         |  |                    |                     |            |            |                 |               |
|                         |  |                    |                     |            |            |                 |               |
| b) Other:               |  | <del></del>        |                     |            |            | 7               |               |
| 1) Room Rent (if any)   |  |                    | Answe               | er:        |            |                 |               |
| Monthly Rental (Please  | e specify if the rental fee is         |                    |                     |            |            |                 |               |
| included / excluded th  |  |                    |                     |            |            |                 |               |
|                         |  |                    |                     |            |            |                 |               |
|                         | mple: Cambridge/Beijing)               |                    |                     |            |            | _               |               |
| Type of room (Example   | e: Single/Room)                        |                    |                     |            |            |                 |               |
| 2) Transportation       |  |                    | Answer:             |            |            |                 |               |
| Travel to campus        |  |                    |                     |            |            |                 |               |
|                         |  |                    |                     |            |            |                 |               |
| 15 Haalth Candition o   | f Family mambar <mark>(Ta sylum</mark> | it comparting doc  | um ant as listed in | the check  | lic+\.     |                 |               |
| 15. Health Condition of | f Family member <mark>(To subm</mark>  | it supporting doct | iment as listed in  | the thetk  | iist):     |                 |               |
| Relationship            | Sickness                               |                    | Treatment C         | ost        | Tı         | reatment Frequ  | ency          |
| •                       |  |                    |                     |            |            |                 |               |
|                         |  |                    |                     |            |            |                 |               |
|                         |  |                    |                     |            |            |                 |               |
|                         |  |                    |                     |            |            |                 |               |
| 16. Utility Cost Record | (Currently Staying with Far            | mily):             |                     |            |            |                 |               |
| ,                       | , , ,                                  | • •                |                     |            |            |                 |               |
|                         | Latest 3 consecut                      | tive months of Ele | ctricity Bill       | Late       | st 3 conse | cutive months o | of water bill |
| Amount                  |  |                    |                     |            |            |                 |               |
| Month                   |  |                    |                     |            |            |                 |               |

| 17. Co-Cur | ricular Activitie | es (if any):                      |                  |                            |                              |                 |
|------------|-------------------|-----------------------------------|------------------|----------------------------|------------------------------|-----------------|
| `          | Year              |                                   | Activ            | rity                       | Position                     | n Held          |
|            |                   |                                   |                  |                            |                              |                 |
|            |                   | <u> </u>                          |                  |                            |                              |                 |
|            |                   | <u> </u>                          |                  |                            |                              |                 |
|            |                   |                                   |                  |                            |                              |                 |
|            | me Job Experie    |                                   |                  |                            |                              | ·               |
| Year       | Dura              | tion                              | Role             | Range of Salary<br>Earning | Status                       | Remark (if any) |
|            |                   |                                   |                  |                            | ☐ Ended ☐ On-going           |                 |
|            |                   |                                   |                  |                            | ☐ Ended ☐ On-going           |                 |
|            |                   |                                   |                  |                            | ☐ Ended ☐ On-going           |                 |
|            |                   |                                   |                  |                            | do you propose to finance yo |                 |
|            |                   |                                   | SECTION E -      | GUARANTOR INFORMATION      | ON                           |                 |
| 30 Cuars   |                   | /Dissess refer                    |                  |                            |                              |                 |
| 20. Guara  | intor informati   | ion ( <mark>Please refer /</mark> | Appendix 1 at pa | ige 3):                    |                              |                 |
| Guar       | antor 1 (Rela     | tive from Famil                   | ly A)            |                            |                              |                 |
| Name       | <del>j</del>      |                                   |                  |                            |                              |                 |
| Relati     | ionship           |                                   |                  |                            |                              |                 |
| NRIC       |                   |                                   |                  |                            |                              |                 |
|            | pation            |                                   |                  |                            |                              |                 |
| Addre      | ess               |                                   |                  |                            |                              |                 |
| Conta      | act No.           |                                   |                  |                            |                              |                 |
| Email      |                   |                                   |                  |                            |                              |                 |
| Guar       | antor 2 (Rela     | tive from Fami                    | ly R / Non-Rela  | ativa)                     |                              |                 |
| Name       |                   | tive ironi i anni                 | ly b / Non-New   | itivej                     |                              |                 |
| Relati     | ionship           |                                   |                  |                            |                              |                 |
| NRIC       | No.               |                                   |                  |                            |                              |                 |
| Occup      | pation            |                                   |                  |                            |                              |                 |
| Addre      | ess               |                                   |                  |                            |                              |                 |
| Conta      | act No.           |                                   |                  |                            |                              |                 |
| Email      |                   |                                   |                  |                            |                              |                 |

<sup>\*</sup>Delete whichever not applicable

\*\* If there is insufficient space in this form, please attach additional sheets of paper

|     | SECTION F – JUSTIFICATION   |
|-----|---|
| 21. | Please state the reason(s) of your application. (Focus on family financial status)  |
|     |   |
|     |   |
|     |   |
|     |   |
|     |   |
| 22. | Please state the reason(s) for choosing the programme to study.   |
|     |   |
|     |   |
|     |   |
|     |   |
| 22  |   |
| 23. | Please state your future plan after graduation.   |
|     |   |
|     |   |
|     |   |
|     |   |
| 24. | Please state your opinion about "give back to the community".   |
|     |   |
|     |   |
|     |   |
|     |   |
|     | CECTION C. DECLADATION DV CTUDENT   |
|     | SECTION G – DECLARATION BY STUDENT  |
| 25. | I affirm that the above information is complete, true and correct, and understand that if I am offered the financial aid, the University reserves the right to withdraw the offer when at any stage, it is found that the information given is incorrect or if, in the opinion of the University, I have failed to make satisfactory progress in my studies or disciplinary action has been taken against me by the University. |
|     | Date: Signature of Applicant  |

\*Delete whichever not applicable
\*\* If there is insufficient space in this form, please attach additional sheets of paper

# **MSEF SIYUAN Scholarship**

#### INSTRUCTIONS FOR APPLICATION

(Please read the following instructions before you complete the application form.)

# I. <u>Application Form</u>

The student should complete 1 set of Application Form, and enclose all documents.

## II. Submission of Application

Completed application form must be submitted with all supporting documents to <u>financialaid@utar.edu.my</u> by 8 November 2024, with subject "MSEF SIYUAN Scholarship <full name. ID>".

#### III. Application Approval & Documentation

- The application normally takes about 2 months to process.
- If successful, the applicant is then required to complete and submit the relevant documents (e.g. grant award letter/agreement) within 2 weeks from the date of offer.

### IV. Notification of Status of Application

Only shortlisted candidates will be notified to attend the interview session. Status of application will be notified by the Department of Scholarships and Financial Aid via email.

## V. <u>Importance information</u>

Sponsor's disbursement policy is updated on an annual basis, typically in November/December of each year.

For more information, please email financialaid@utar.edu.my

| <br>INCOMPLETE SUBMISSION WILL NOT BE ENTERTAINED |
|---|