



## **QUEEN'S DIAMOND JUBILEE SCHOLARSHIP**

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Name of course applied :

***Note : this scholarship is not applicable for Master of Pharmacy (Hons) and BSc (Hons) Computer Science with Artificial Intelligence***

Application index no :

### **Section A : Personal Details (PLEASE FILL IN BLOCK LETTERS)**

Family Name :	First Name :
Date of Birth :	Gender : Male <input type="checkbox"/> Female <input type="checkbox"/>
New IC No (Malaysian): Passport No (Non Malaysian):	
Nationality :	
Marital Status : Single <input type="checkbox"/> Married <input type="checkbox"/> Separated/Divorced <input type="checkbox"/>	
Correspondence Address : (Please note this is the address to which University will send all Correspondence)	
	Postcode :
Telephone (Home) :	Mobile :
Email :	
Permanent Home Address (if different from correspondences address)	
	Postcode :



### Section B : Details of Family's Financial

#### Father

Name :	
Name and address of employer :	Occupation :
Tel :	

#### Mother

Name :	
Name and address of employer :	Occupation :
Tel :	

#### Annual Gross Income of parents

*(pls indicate the currency)*

	Father	Mother	Total
Employment			
Business			
Rental			
Others			
Total			

### Section C : Academic History

Secondary Education

Name of secondary school attended :

Year		Level	Subject	Grade
From	To			

*Note : please list only the most recent qualification obtained*



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**Section D : Why do I deserve the scholarship**  
*(maximum 1 page)*



**Section E : Other Information**

Have you ever been convicted by a court of law?

Yes  No

If YES, please elaborate

Disabilities

Yes  No

If you have special needs owing to a disability or specify learning difficulty, please give details

**Section F : Declaration**

**DECLARATION BY APPLICANT**

I hereby declare that the above information given by me in this form is correct and true to the best of my knowledge and I have not willfully suppressed any material facts. I fully understand and accept that at any time after it is found that a false declaration has been made in this form, the University reserves the absolute right to terminate my scholarship without any reason assigned.

Name : \_\_\_\_\_

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

***Note : No supporting documents will be considered, and may invalidate your application.***

**For Scholarship Panel / official use only**

Successful

Unsuccessful

Scholarship Amount RM \_\_\_\_\_

Duration \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_