

IBE Scholarships Application Form

Please ensure all details are correct and attachments are submitted. Incomplete forms will be rejected.

Please tick (✓) (max 2 only)	Country	Type of IBE Alliance Scholarship	Year of Enrolment	Intake
	UK	City College Plymouth		
	UK	University of the West of England (UWE), Bristol		
	UK	St. Mary's University, Twickenham, London		
	Indonesia	President University		
	China	Zhejiang University of Science and Technology (ZUST)		

A. PERSONAL DETAILS (PLEASE USE BLOCK LETTERS)

APPLICATION FORM

Applicant's Name (AS IN NRIC/PASSPORT) : _____

IC Number / Passport Number : _____

Gender : _____

D.O.B. (dd/mm/yyyy) : _____

Age : _____

Home Address : _____

Email Address : _____

Mobile Number : _____

Nationality : _____

Race (optional) : _____

Country of Residence : _____

B. EDUCATION BACKGROUND

Name of School: _____

Highest Academic Qualification and Year of Completion: _____

Highest Academic Qualification	Tick the relevant box(es)	Year of completion
International Qualifications		
GCE O-Levels		
GCE A-Levels		
International Baccalaureate (IB)		
IGCSE		
Other Major Qualification Please State: _____		
Malaysian Qualifications		
SPM		
STPM		
UEC		
Other Major Qualification Please State: _____		
Indonesian Qualifications		
Asesmen Kompetensi Minimum dan Survei Karakter (Minimum Competence Assessment and Character Survey)		
Other Major Qualification Please State: _____		
Taiwan Qualifications		
大學入學學科能力測驗 (GSAT. General Scholastic Ability Test)		
Other Major Qualification Please State: _____		
Thailand Qualifications		
O-NET (National Exam)		
Other Major Qualification Please State: _____		

Please submit Certified True Copies of all relevant qualifications (Actual / Mid-Term / Trial Examination / Forecast Results). Actual results must be submitted as soon as they are released.

D. DECLARATION

I, the undersigned, declare that the particulars given by me in this application form are correct. I have also read and understood the Terms and Conditions of the award as attached. I 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 I understand that the award can be withdrawn if any information given in this form is found to be incorrect. I understand and agree that the personal information given herein will be used for verification and other related administrative purposes only.

Applicant's Signature: _____ Date: _____

Received by Registry: _____ Date: _____

General:

The IBE Alliance has the right to withdraw or suspend the Scholarship if the Student has failed, neglected or omitted to adhere to the Student's responsibility and obligations as stated herein.

The IBE Alliance reserves the right to change the selection criteria and Scholarship Policy without prior notification.

The IBE Alliance reserves the right to withdraw the Scholarship if the information furnished by the Student is found to be false, misleading or untrue.

The IBE Alliance has the right to use the Student's examination details for marketing purposes, subject to the Student's rights under the Data Protection Act 2010.

TERMS AND CONDITIONS OF THE SCHOLARSHIP

1. The scholarship application is open for all IBE Alliance school students to apply.
2. Each applicant is eligible to receive one scholarship only.
3. The applicant must meet the requirements of the scholarship. If the stated conditions are not met, the scholarship application will be rejected by the university.
4. The scholarship(s) is competitive and is awarded on a "first come, first served" basis.
5. The IBE Alliance reserves the right to revise the terms and conditions of the scholarship(s) offered for the foreseeable duration without prior notice.

FOR OFFICE USE ONLY

Document Checklist

Please tick (✓)	Documents
	Completed Scholarship Application Form
	1 x Passport Size Photo
	Certified true copy of student's NRIC / Passport
	Certified true copies of examination certificates and / or transcripts

All Documents Received

Incomplete Documents

Checked by:

Name : _____

Position : _____

Signature : _____

Date : _____

Stamp : _____

Scholarship Committee

Date of Meeting : _____

Status : (Approved / Rejected)

Scholarship Amount Approved : _____

Approved By

Name : _____

Position : _____

Signature : _____

Date : _____

Stamp : _____