APPLICATION FORM SARAWAK HIGHER EDUCATION FUND CHARITABLE THRUST STUDY LOAN SCHEME

IMPORTANT NOTICE

- Applicant MUST be Malaysian citizens (domiciled in Sarawak) and have received Offer Letter from Institutions of Higher Learning;
- b Applicants who have received sponsors/loans from other Bodies are NOT ELIGIBLE;
- c Government Officers MUST apply through their respective Head of Department;
- Completed Forms must be sent to The Secretariat, Sarawak Higher Education Fund Charitable Thrust through the respective Institutions of Higher Learning;
- e All enclosed documents/certificates MUST be certified a True Copy by a relevant Official.

Affix recent Passport Size Photo

f Successful Applicants are required to provide two (2) Sureties for the Study Loan.									
A. PERSONAL DETAILS OF APPLICANT – Please enclose copy of MyKad									
Full Name (In Block Letters):					Sex:				
Home Address:					Post Code:				
Postal Address:					Post Code:				
Telephone No:	(H) (H/P)		(H/P)	e-Mail address:					
Identity Card Number (MyKad):					Race / Religion:				
Date & Place of Birth:					Nationality:				
B. DETAILS OF COURSE APPLIED – Please enclose a copy of the Offer Letter									
University/Institution:									
Course:					Session Start:				
Present Year of Study:					Duration of Study:				
C. DETAILS OF PAST EXAMINATION – Please enclose copy of certificates									
Sijil Pelajaran Malaysia		Year:		Foundation/Diploma:		Year:			
School:	Institution/U		Institution/Univ	versity:					
Subject		Grade		Subject		Grade			

D. DETAILS OF PARENTS/GUARDIANS/EMPLOYED APPLICANT – Please enclose copy of latest Pay Slip/Form J/Bank Statement								
Description		Father/Guardian	or Employed Applicant	Mother/Spouse of Guardian of Spouse of Employed Applicant				
Name:								
Identity Card Number (MyKad):								
Home Address:								
Postal Address:								
Telephone Number:		(H)	(O)	(H)	(O)			
Post/Job Title:			-					
Name and Address of Employer:								
Monthly Gross Salary:		RM		RM				
Other Income:								
Total Income:		RM		RM				
E. DETAILS OF SIBLINGS								
No	Name	Age	School / Institution of H	igher Learning				
F. DE	CLARATION BY APPLICANT							
I, hereby declare that all the above given information are true and correct. I understand that should the above given information are found to be false								
and not correct; my study loan shall be withdrawn or shall cease with immediate effect.								
Date:								
Date.				Signature of Applicant				
G. ENDORSEMENT OF APPLICATION								
Endorsement must be undertaken by a Penghulu/Principal/District Officer/Head of Department or ANY Government Officer in the Management and Professional Group. For employed Applicant, endorsement must be made by the Head of Department.								
	I, hereby endorse that the information given above are true and correct.							
			Signature:					
			Name:					
Date:			Post/Job Title Official Star	mp:				