

Application for 2023 FMLA Undergraduate Study Grant (Form A)

Please √ if applicable: ☐ New Applicant ☐ Previous Beneficiary

Note: Only shortlisted candidate will be notified.

I. APPLICANT PERSON	NAL PAKTICULARS						
	姓名:		Name:				
	NRIC No.:						
РНОТО	Name of Uni., Course & Grade:						
	Direct / Indirect Member of:			Member Since:			
	Contact No.:						
	E-mail:						
Permanent Address:							
I hereby declare that all the that the FMLA has the rig	ne information given in this fo tht to reserve any decision ma	orm and the att	achments a	are true and correct, and I agree f a grant.			
Signature of Applicant	Date						
2. MEMBER ORGANISA	ATION PARTICULARS						
Name of Organisation:							
Official Stamp:							
Date:							
President Signature:		Secretary Signature:					
(Name)		(Name)					
Bank Name, Account Name	e and Number:	•					

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CGPA	Total Average					
2. FAMILY PARTICULAR	S					
Father				Mother		
姓名						
Name						
NRIC No.						
Occupation						
Contact No.						
No. of Siblings				Younger Brother(s)Younger Sister(s)		
3. FAMILY FINANCIAL SITUATION Own Car Own Motorcycle Rent House Others:			1	Monthly Expenses (RM)		
	CTIVITIES (TICE FYTDA CHEFT	r(S) H	NECESSADV		
4. CO-CURRICULAR ACTIVITIES (USE EXTRA SHEET Activity				Position Held Period		
1.						
2.						
3.						
4.						
5.						
CHECKLIST Required Document □ Photocopy of IC □ Photocopy of Birth Ce (for Indirect Member □ Photocopy of Student of / Student Admission L □ Photocopy of Academic Transcripts □ Photocopy of Electricic	E F	otocopy of EA Form / E Form commendation Letter be Member Organisation (Self-Employed Person) or Documents (If Any sonal Statement / autobiography otocopy of Co-curricular tivities' Certificates	for	FOR OFFICE USE ONLY Entire Form COMPLETE / INCOMPLETE Required Documents COMPLETE / INCOMPLETE Final Decision QUALIFIED / NOT QUALIFIED		
Bill ☐ Photocopy of Salary S	□ Pho	otocopy of Awards		DATE /	/ 2023	