

## CIMB REGIONAL SCHOLARSHIP APPLICATION FORM

### PERSONAL PARTICULARS

<b>Full Name (As per Passport):</b> Chong Siew May			<b>Passport No.:</b> A521888
<b>Date of Birth:</b> 6 June 1989	<b>Age:</b> 23	<b>Gender:</b> F	<b>Nationality:</b> Malaysian
<b>Permanent Address:</b> No 10 Jalan Gajus 3 Taman Gajus 50100 Kuala Lumpur			
<b>Correspondence Address:</b> Same as above			
<b>Mobile Phone:</b> +6012 3456789 (Inc. Country Code)	<b>Land Line:</b> +603 78205728 (Inc. Country Code)		<b>Email:</b> siewmay@gmail.com
<b>Annual Income:</b> N/A (Pls. state currency)			

### PROPOSED POST-GRADUATE COURSE

<b>Type **</b>	Master's	<b>Proposed / Actual Start Date</b>	September 2012
<b>Category **</b>	Nutrition	<b>Proposed / Actual End Date</b>	August 2013
<b>Name of Graduate School</b>	University of California, LA (UCLA)	<b>Mode of Study **</b>	Full Time
<b>Location of Graduate School (Country)</b>	Los Angeles, USA	<b>Enrollment Status **</b>	Secured Acceptance
<b>Name of Programme</b>	Master in Nutrition		

### ACADEMIC BACKGROUND

No.	University / College	Years of Attendance		Qualifications	Results	Year of Award
		Start	End			
1	University of ABC	Aug 2009	Jul 2012	Bachelor of Science (Major in Nutrition Studies)	3.85	2012

### EMPLOYMENT (Current Employment Details)

No.	Company	Position	Date Joined	Address

### Job Description

\*\* Please select the relevant information.

TOP 5 EXTRA-CURRICULAR ACTIVITIES / ACHIEVEMENTS		
No.	Particulars	Year
1.	Head Prefect	2008
2.	President of the Nutrition Society	2011 / 2012
3.		
4.		
5.		
PARTICULARS OF PARENTS / GUARDIANS		
	Parent/Guardian 1	Parent/Guardian 2
<b>Name</b>	Chong Poh Wah	Wong Mei Ling
<b>Passport No.</b>	A859999	A842799
<b>Relationship</b>	Father	Mother
<b>Contact No. (Inc. Country Code)</b>	+6012 9212121	+6019 3781234
<b>Profession</b>	Self-employed	Housewife
<b>Employer and Company Address</b>	Poh Wah Sdn. Bhd. No.2, Jalan Gembira, Taman Gembira, 30100 Kuala Lumpur, Malaysia	N/A
<b>Annual Income (Pls. state currency)</b>	MYR 72,000.00	N/A
REFEREES' PARTICULARS		
	Referee 1	Referee 2
<b>Name</b>	Prof. Dr. Chin Wei Liang	Prof. Peter Wallace
<b>Relationship</b>	Former Lecturer / Thesis Supervisor	Former Lecturer
<b>Correspondence Address</b>	University ABC Faculty of Science Department of Nutrition, Lebuh Glades, Off Jalan University, 37500 Kuala Lumpur, Malaysia	University ABC Faculty of Science Department of Nutrition, Lebuh Glades, Off Jalan University, 37500 Kuala Lumpur, Malaysia
<b>Profession</b>	Lecturer	Lecturer
<b>Employer and Company Address</b>	University ABC Lebuh Glades, Off Jalan University, 37500 Kuala Lumpur, Malaysia	University ABC Lebuh Glades, Off Jalan University, 37500 Kuala Lumpur, Malaysia
<b>Mobile Phone (Inc. Country Code)</b>	+6013 7925368	+6012 4354890
<b>Land Line (Inc. Country Code)</b>	+603 78450123 ext 101	+603 78450123 ext 304
<b>Email Address</b>	wl.chin@abc.com	p.wallace@abc.com

**PERSONAL STATEMENT**

**Please explain how you will contribute to the development and well-being of the ASEAN region if you are granted a CIMB Regional Scholarship to further your studies in your chosen field.**

(Not exceeding 300 words)

If given the opportunity to pursue a Master's degree in nutrition, I would like to spearhead the setting up of a nutrition centre within ASEAN to educate communities on the importance of nutrition. The centre will disseminate information to combat prevailing issues linked to poor nutrition such as obesity and infant mortality.

## DECLARATION

I hereby declare that:

- (a) I am not a holder of any other scholarships, awards or grants, and I am not serving any type of bond with any other organisation, institution or agency.
- (b) The particulars provided in this application are true.

I understand that if any of the particulars provided are found to be untrue, my application will be automatically disqualified.

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

Full Name : Chong Siew May

Date : 16 June 2012

### Important information regarding submission of your application:

1. Complete all sections of the application form.
2. Email the completed form to [regionalscholarship@cimb.com](mailto:regionalscholarship@cimb.com) before the **closing date, 8 July 2012**.
3. We do not allow the application form to be modified in any manner. Application forms which are modified will not be accepted.
4. Do not attach any documents to the email other than the completed application form. We do not require certifications, commendation letters or other documents at this stage.
5. Please submit your application only once.