

## **INSTRUCTIONS**

Please read the following instructions carefully before fill in the application form.

- 1) Kindly ensure you have read and understand all instructions and requirements before submitting your application. Incomplete submission or does not comply with the requirements may not be considered / lead to application rejection.
- 2) Please **complete sections A to D**.
- 3) All fields **MUST** be filled in. For fields do not apply to you, please state N/A (not applicable).
- 4) Application must be submitted together with the following documents (all documents must be in PDF):
  - a. Copy of NRIC of the applicant
  - b. Copy of highest qualification certification
  - c. Copy of latest semester result
- 5) **COMPLETED** application **MUST** reach us by: **12 May 2024**
- 6) Application must be emailed to [learning@libertyinsurance.com.my](mailto:learning@libertyinsurance.com.my) with the subject "**Liberty ASPIRE Scholarship Application**".
- 7) Do **NOT CHANGE** the format of this form. The form is to be submitted in PDF format only.
- 8) **ONLY** successful applicants will be notified via email and phone call.

Should you have any questions, please email to [learning@libertyinsurance.com.my](mailto:learning@libertyinsurance.com.my)

# ASPIRE SCHOLARSHIP APPLICATION FORM



## SECTION A: PERSONAL INFORMATION

**Personal Particulars**

|                              |  |
|------------------------------|--|
| <b>Full Name (As Per IC)</b> |  |
| <b>Identity Card No.</b>     |  |
| <b>Gender</b>                |  |
| <b>Permanent Address</b>     |  |
| <b>Contact No.</b>           |  |
| <b>Nationality</b>           |  |
| <b>Place of Birth</b>        |  |

**Family Details**

|                              |  |
|------------------------------|--|
| <b>Father</b>                |  |
| <b>Full Name (As Per IC)</b> |  |
| <b>Occupation</b>            |  |
| <b>Contact No.</b>           |  |
| <b>Name of Employer</b>      |  |
| <b>Mother</b>                |  |
| <b>Full Name (As Per IC)</b> |  |
| <b>Occupation</b>            |  |
| <b>Contact No.</b>           |  |
| <b>Name of Employer</b>      |  |

|  |  |
|--|--|
| <b>Estimated total monthly household income (RM)</b> |  |
|--|--|

## SECTION B: ACADEMIC BACKGROUND

|  |  |
|--|--|
| <b>Current University</b>                  |  |
| <b>Course of Study</b>                     |  |
| <b>Latest CGPA</b>                         |  |
| <b>Expected Date of Completion (mm/yy)</b> |  |

**List below any awards and honours you have obtained in university.**

*Provide in a separate attachment if space is insufficient.*

|    | Award / Honour | Year |
|----|----------------|------|
| 1. |                |      |
| 2. |                |      |
| 3. |                |      |

**List below any leadership / extra-curricular activities in which you have participated.**

*Provide in a separate attachment if space is insufficient.*

|    | Activities | Year |
|----|------------|------|
| 1. |            |      |
| 2. |            |      |
| 3. |            |      |

## SECTION C: DECLARATION

1. Do you have any relatives / friends working in Liberty General Insurance Berhad?

- Yes       No

*(If yes, please provide name and relationship to you)*

2. Do you suffer/Have you ever suffered from any kind of serious illnesses? (physical / mental)

- Yes       No

*(If yes, please provide name and relationship to you)*

- By clicking the checkbox, I hereby agree that Liberty Insurance, including representatives and their employees, have the right to collect, use, process, retain and disclose my data and personal information (including personal data) to process my scholarship application, in accordance with the Liberty Insurance's [Privacy Notice](http://www.libertyinsurance.com.my) available on our website at [www.libertyinsurance.com.my](http://www.libertyinsurance.com.my)

I hereby declare that all the information provided in this form is accurate to the best of my knowledge. I understand that if any of the information provided is proven to be false, my application for the said scholarship will be cancelled.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**SECTION D: ESSAY**

Please answer each question thoughtfully, ensuring clarity and relevance.

**Question 1:**

***Outline your academic and career goals, including how the scholarship will help you achieve them.***

**Question 2:**

***At Liberty, we value the differences of our employees and take pride in our diverse workplace. What does Diversity, Equity and Inclusive (DEI) means to you and how can you support the initiative?***