

**FORM AP1 - CCEF****Application for a Scholarship****CCEF Biblical Counselling Courses**

Ref:

**Personal Information**

Family Name:		First Name:	
Date of Birth:		Current Age:	
New I.C Number (If Malaysian):		Passport Number:	
Nationality:	Marital Status: Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/>		
Correspondence Address:			
Hand phone Number:		Home number:	
Email Address:		Fax Number:	

**Academic and Employment Info**

What is your highest academic qualification:	What year was this achieved:
Are you currently working: Full time <input type="checkbox"/> Part Time <input type="checkbox"/> Not working <input type="checkbox"/>	What is your profession if you are working:
Are you currently a student? Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes: Full time <input type="checkbox"/> Part Time <input type="checkbox"/>	If you are a student, state where you are currently studying:

# FORM AP1 - CCEF

## Application for a Scholarship

### CCEF Biblical Counselling Courses

Which module/course are you applying for:

Please state your personal reasons for enrolling in this course:

Please outline your reasons for needing financial assistance:

#### Declaration

I hereby declare that the above information given by me in this form is correct and true to the best of my knowledge and have not wilfully suppressed any material facts. I understand fully and accept that at any time after it is found that a false declaration has been made in this form, EQUIP may have the absolute right to terminate my scholarship without any reason assigned.

Name : \_\_\_\_\_ IC No : \_\_\_\_\_

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