

## **APPLICATION FOR ST. JOSEPH'S PRIVATE SCHOOL SCHOLARSHIP 2025**

### **A) INFORMATION**

The Board of St. Joseph's Private School offers two scholarships for academic year 2025 for students recommended by Yayasan Lasallian Kuching (YLK). Present students who are studying in Primary Six are invited to apply.

#### **Details of St. Joseph's Private Secondary School Scholarship are**

Duration	: Form 1 to Form 5
School fees	: 5 years
School text, work and exercise books	: Text books on loan to be returned the end of the year
School uniforms	: 3 sets every 3 years (or earlier subject to verification by YLK office) (Include Badge and personal name tag, 1 set sport T- shirt, Sport long pants, jacket with name tag and logo) : 1 pair of shoes biennially (Maximum claim RM100 upon presentation of receipt)
Monthly allowances	: RM200 for lunch and tea break
Transportation and Lodging	: Provided by YLK when need arises
As a guide monthly Household income	: RM4,000 or below

If, for whatever reasons, the sponsored student stops his/her education with the School, the sponsorship will cease immediately. The applicant is expected to compensate YLK RM10,000.00 per academic year.

### **B) APPLICATION PROCEDURE**

1) Complete the attached form and submit it to Yayasan Lasallian Kuching Office or YLK email address ([ylkuching@gmail.com](mailto:ylkuching@gmail.com)) **latest by 29<sup>th</sup> June 2024.**

2) Applicant must submit his/her certified true copy of

- Primary Five year-end school examination
- Primary Five UASA results slip
- Primary Six 1st term school examination results slip
- Co-curriculum Activity Report
- Certified true copy of Salary slips of parents/ guardian

3) Only **shortlisted applicants** will be notified to attend an **Assessment Test** (English, Bahasa Malaysia and Mathematics) on **13.07.2024 (Saturday), 8.30am** at YLK Office (adjacent Tadika St. Joseph), Kuching. Date of interview for shortlisted students accompanied by parents, will be informed at a later date.

**C) Particulars and school activities of student**

Full Name of Student: \_\_\_\_\_ Gender \_\_\_\_\_

Date of Birth : \_\_\_\_\_ I.C. no. : \_\_\_\_\_ H/P no. \_\_\_\_\_

Name of Present School/La Salle Centre: \_\_\_\_\_

List out any known sickness, allergy etc. which the applicant suffers from: \_\_\_\_\_

Complete the following tables for the activities of the applicant in school

1. Name the Co-curricular activities e.g. Sport, Club or uniform body (Maximum 3 activities) involved and tick the level of involvement.

Name of the activity	Position held (e.g. chairman, Secretary, Treasurer etc)	Representing (Tick appropriate column)					
		Member only	School level	District level	Divisional level	State level	National level

2. Name other activities e.g. class monitor, school prefect etc (maximum 3 activities) involved and tick the level of involvement.

Name of other activity	Position held (Tick appropriate column)					
	Member only	Chairman	Vice Chairman	Secretary	Treasurer	Committee member



**Part D: Particulars of Parents/Guardian**

a) Name of Father/Guardian : \_\_\_\_\_ New I.C. No. : \_\_\_\_\_

Occupation : \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

H/p no. : \_\_\_\_\_ Number of Dependants: \_\_\_\_\_

Name and address of employer : \_\_\_\_\_

Employer's Tel no. : \_\_\_\_\_

b) Name of Mother : \_\_\_\_\_ New I.C. No.: \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone No. : \_\_\_\_\_ Monthly Salary: \_\_\_\_\_

Name and address of employer : \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer's Tel No.: \_\_\_\_\_

I, \_\_\_\_\_, the Father/Mother/Guardian of \_\_\_\_\_  
hereby apply on behalf of my child to Yayasan Lasallian Kuching for the St. Joseph's Private School Scholarship  
for 2025.

In the event my child is selected for the Scholarship, I \*can/cannot provide my own \*transport, board and  
lodging for him/her to study at St. Joseph's Private School.

Attached herewith are the certified true copy of:

1. Year 5 year-end school examination results slip and UASA results
2. Year 6 1st term school examination results slip
3. Co-curriculum Report
4. Salary slips of parents/ guardian certified by the employer

\_\_\_\_\_  
Name & Signature of Parent/Guardian

\_\_\_\_\_  
Date

\* Delete whatever is not appropriate.



**Assessment on the discipline and attitude of the student by school Form Teacher**

Comments:

.....

.....

Teacher's name: .....

Signature: .....

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

.....

OFFICIAL USE

**Remarks from Selection Committee:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Selection Committee member

\_\_\_\_\_  
Date