



EnQuest Petroleum Scholarship

ELIGIBILITY CRITERIA

Academic Requirements	<ul style="list-style-type: none">• Must be a full-time undergraduate student at the University<ul style="list-style-type: none">○ Bachelor of Chemical Engineering○ Bachelor of Science in Applied Geology• Open to first-year students who have completed at least one semester with a minimum CGPA of 3.20
General Requirements	<ul style="list-style-type: none">• Malaysian citizen below 23 years of age• Excellent command of both English and Bahasa Malaysia, written and spoken• Strong interpersonal and communication skills• Demonstrates leadership qualities, problem-solving abilities, and active involvement in extracurricular activities and sports• Participation in community activities will be an added advantage• Must be in good health (satisfactory medical report)• Able to demonstrate financial need for scholarship support• Must not be receiving any other financial aid, scholarship, or sponsorship from other organisations

HOW TO APPLY

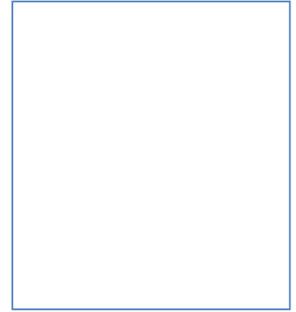
Submit your **Resume and Application Form** to bptajaan_aasd@um.edu.my

CLOSING DATE

17 July 2025 (Thursday)



**ENQUEST SCHOLARSHIP PROGRAM
APPLICATION FORM**



BACHELOR'S DEGREE / UNIVERSITY DETAILS

Course :

Current Semester : Year :

University :

SECTION A: PERSONAL DETAILS

Name (as per MyKad) :

NRIC : - -

Date of Birth : - - Age :

Place of Birth :

Permanent Address :

Post Code : State :

Correspondence Address :

Post Code : State :

H/P Contact No. :

Home Contact No. :

E-mail :

Gender :

Race :

Religion :

Marital Status :

Nationality :

SECTION B: ACADEMIC QUALIFICATIONS

Section B1

Level : Sijil Pelajaran Malaysia (SPM)

Course :

Name of School :

SPM Result (Year) :

No	Subject	Grade
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

**Note: Please enclose the copy of SPM result*

Section B2

Level (tick where appropriate)	Name of Institution / School	Course	CGPA	Completion of Study
University 1 st Year				Month Year
Diploma				Month Year
Matriculation <input type="checkbox"/>				Month Year
STPM <input type="checkbox"/>				Month Year

**Note: Please enclose the copy of Diploma / Matriculation / STPM result*

SECTION C: CO-CURRICULAR ACTIVITIES

Section C1: Club/Society/Uniform Unit e.g. Interact, Science, Environmental, Police Cadet, Girl Guide, Music

Society/Association	Level Presented		Period (Year/Month/Section)		Position Held
	School/District College/ University/State/International		Start	End	

Section C2: Sports e.g. Football, Netball, Futsal

Sports Activity	Level Presented		Period (Year/Month/Section)		Position Held
	School/District College/ University/State/International		Start	End	

Section C3: Others e.g. Debate, Entrepreneur Skill, Language, Chemistry, Physics, Biology

Awards/Activity	Level Presented		Period (Year/Month/Section)		Position Held
	School/District College/ University/State/International		Start	End	

SECTION D: FAMILY DETAILS - Please fill in the details of your father/mother and/ or guardian

Full Name of your Father/ Mother or Guardian :

Relationship : Age :

Employment Status : H/P Contact N :

Occupation : Office Contact :

Gross monthly Income : Employer :

Employer Address :

Post Code : State :

Full Name of your Father/ Mother or Guardian :

Relationship : Age :

Employment Status : H/P Contact N :

Occupation : Office Contact :

Gross monthly Income : Employer :

Employer Address :

Post Code : State :

Please fill in the details of all your immediate family members

Name	Relationship	Highest Qualification	Form of Assistance (Scholarship)	Occupation	Age

Please write ' **Not Applicable** ' where necessary

Please list if you have relatives working in EnQuest

Name	Position Title	Department	Relationship

SECTION E: DECLARATION

Are you suffered from any medical conditions (mental & physical) which requires regular or prolonged treatment?

Yes

No

if yes, please give full details

DECLARATION

I hereby declare that

- (a) I am above the age of 18 years.
- (b) I hereby certify that the particulars furnished by me are true and accurate. If offered, in the event of any misrepresentation, willful or otherwise, this scholarship shall be revoked.
- (c) I consent to the Company using my information and documents for all purposes of my scholarship agreement with the Company.
- (d) I confirm that all information and documents provided by me is accurate and complete.
- (e) I fully understand and accept that if at any time after offered, it is found that a false declaration has been made in this form, the Company has absolute right to terminate my scholarship.

* Please tick this box if you consent to our transfer of your information provided in this Form to a third party "Please note that we will not transfer your information provided in this Form to a third party without your consent."

Signature : _____

Name: : _____

NRIC No. : _____

Date : _____