



Date of Request:

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGICAL RESEARCH SARAWAK
EDUCATION PROGRAM GRANT/SPONSORSHIP APPLICATION

A) SCHOOLS/TVET/INSTITUTE OF HIGHER LEARNING PROFILE

School / Institute

1. Name : _____

2. Address : _____

Poscode : _____ City : _____ State : _____

3. Tel No : (O) _____ (HP) _____ Fax No : _____

4. Email Address : _____

6. Contact Person : _____

Designation : _____

B) PROGRAM PROFILE

7. Program Title : _____

8. Program Venue : _____ Date of Program : _____

9. Background / Program Concept : _____

10. VIPs / Invited Guests : _____

Numbers of Participants : _____

11. Amount Requested (RM) : _____

If your request is successful, please advise to whom should be made payable: _____

C) ATTACHMENT

12. Please enclose cost breakdown.

D) RECOMMENDED by “Pengarah Jabatan Pendidikan Negeri Sarawak” / Head of Institutes

13. Supported Rejected

COMMENTS: _____

Ready to submit your application?

Send your application form to:

**Ministry of Education, Science And Technological Research Sarawak
4th Floor, LCDA Tower, Lot 2879, The Isthmus, Off Bako Road, 93050 Kuching**

MINISTRY OF EDUCATION, SCIENCE & TECHNOLOGICAL RESEARCH USE ONLY

1. Date Application Received : _____
2. Details of prior approvals : _____
3. Budget available (RM) : _____
4. Budget coding : _____
5. Request outcome : **Approved** **Not Approved**
6. Amount approved (RM) : _____
7. Approved by : _____
(Name / Signature) _____ Date: _____
8. Remarks : _____
