Endeavour Merit Award Under HKSAR Government Scholarship Fund 2016/2017 academic year Application Form

A. Personal Pa	articulars				
Surname:					
Given name(s):					
Student No.:					
Gender:	☐female ☐ male				
Place of Origin:					
Programme of Study:					
Level of Study:		Year of Study:			
Discipline					
Latest Cumulative GPA:					
Type of SEN: (Please provide co	opies of documentation proof for verification	ication purpose.)			
Have you received	d any other scholarship(s)/ award(s) in	the 2016/2017 academic year?			
☐ Yes (please provide	aury outer sentitusing (5), uwuru (5) in	□ No			
details)					
	demic/ Non-academic Achieven ies of documentation proof for verification				
Year / Month	Detailed Description (e.g. Public examinations; Name of activity/competition, role of participation)	Organising party/parties	Awards / Certifications, Achievements, etc		
		_			
		_	_		
ii.		_			
iii.					
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C.	Supplementary Information in Support of this Application (if any)				
<u> </u>	Declaration and Consent				
1.	I certify that all the information give	ny award appro	accurate. I understand that any inaccurate information will be withheld and any payment made		
2.	I agree that the information provigovernment bureaux / departments	ided will be u to process the a	resident (the Fund). Issed by the institution, the Fund Secretariat an application and for other related purposes.	ıd related	
4.	I agree to the data usage as mention I agree that the University may pub and programme title, where applica	olicize the info	rmation of the scholarship recipients, specifically osite of the University.	by name	
<u>Da</u> 1.	- as a basis for selection of applica	ints by the Unive	ion form(s) will be used for the following purpose: ersity or donors for scholarships / prizes available. Aid System in SDS and the University if and when the	;	
2.		r application. If y	have a right to request access to, and to request conyou wish to exercise these rights, please contact Students		
	Signature of applicant	:		_	
	Telephone Number:	:		_	

Date

E. Recommendations (to be completed by Dean/Head of College/School/Department)

I wish to nominate the above student for award for the year. I am satisfied that this nominee has met the eligibility and has already fulfilled all the selection criteria.

		Institution Chop
Authorised Signature For and on behalf of the institution	:	
Name of Authorised Person	:	
Post Title	:	
Telephone Number	:	
Date	:	