Endeavour Merit Award Under HKSAR Government Scholarship Fund 2017/2018 academic year Application Form

A. Personal Par	rticulars				
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 cop	oies of docume	entation proof for verif	ication purpose.)		
Have you received	any other scho	olarship(s)/ award(s) in	the 2017/2018 academic year?		
☐ Yes (please provide details)			□ No		
	es of documenta Detai (e.g. Pul Name of a	academic Achievention proof for verification led Description blic examinations; activity/competition, f participation)		Awards / Certifications/ Achievements, etc	
ii					
iii.					
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U.	Supplementary Information in Support of this Application (if any)
	Declaration and Consent
 1. 2. 3. 	I certify that all the information given is true and accurate. I understand that any inaccurate information will render the application invalid. Any award approved will be withheld and any payment made must be refunded to the HKSAR Government Scholarship Fund (the Fund). I agree that the information provided will be used by the institution, the Fund Secretariat and related government bureaux / departments to process the application and for other related purposes. I agree to the data usage as mentioned below.
4.	I agree that the University may publicize the information of the scholarship recipients, specifically by name and programme title, where applicable, on the website of the University.
1	 Data Usage The information that students provide in the nomination form(s) will be used for the following purpose: as a basis for selection of applicants by the University or donors for scholarships / prizes available. for transferring to the Scholarship and Financial Aid System in SDS and the University if and when the nomination is successful. Under the Personal Data (Privacy) Ordinance, you have a right to request access to, and to request correction of, your personal data in relation to your application. If you wish to exercise these rights, please contact Student Finance Team of Student Development Services.
	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	±	