

# Endeavour Merit Award

## Under HKSAR Government Scholarship Fund

### 2018/2019 academic year

### Application Form

#### A. Personal Particulars

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 copies of documentation proof for verification purpose.)

Have you received any other scholarship(s)/ award(s) in the 2018/2019 academic year?

Yes  No  
 ( please provide details) \_\_\_\_\_

#### B. List of Academic/ Non-academic Achievement

(Please provide copies of documentation proof for verification purpose.)

Year / Month	Detailed Description (e.g. Public examinations; Name of activity/competition, role of participation)	Organising party/parties	Awards / Certifications/ Achievements, etc
i.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
ii.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
iii.	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

**C. Supplementary Information in Support of this Application (if any)**

**D. Declaration and Consent**

1. 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).
2. 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.

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 : \_\_\_\_\_

