

**Endeavour Merit Award
Under HKSAR Government Scholarship Fund
2019/2020 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 2019/2020 academic year?

Yes

(please provide details)

No

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 (Participating institutions may add or remove terms according to the practice/ rules of the institutions)

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 : _____

