

day month year

APPLICATION FOR SCHOLARSHIP LAWRENCE S. TING MEMORIAL FUND

Applicant's full name:		Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>		Photo 3x4 taken within last 3 months
Date of birth:	Birth place:	ID No. (CMND):		
Permanent resident address:				
Contact address :				
Telephone: Home:	Mobile:	E-mail:		
Studying at School/University:		Course/Major:	Class:	
Study level:	<input type="checkbox"/> Secondary	<input type="checkbox"/> High School	<input type="checkbox"/> Bachelor	<input type="checkbox"/> Master <input type="checkbox"/> PhD
Previous semester study score:		Previous semester conduct score:		
Certification papers attached: <input type="checkbox"/> Previous semester result transcript introduction letters		<input type="checkbox"/> short autobiography about yourself <input type="checkbox"/> <input type="checkbox"/> 2		
Source of support for study: <input type="checkbox"/> family <input type="checkbox"/> work part-time <input type="checkbox"/> other, please state:				
Additional Study:		Course: <input type="checkbox"/> Yes; <input type="checkbox"/> No		
Hobby:				
Good at:				
Reason for applying scholarship:				
Graduation year:				
Plan after graduation:				
<input type="checkbox"/> Continue to study School/University and field of study intended to go for :				
<input type="checkbox"/> Work Jobs intended for the future ? Reason(s)?				
Other information (if any):				
Participating fully and seriously in the extracurricular activities organized by the Lawrence S. Ting Memorial Fund				
Take part in extracurricular activities <input type="checkbox"/> yes; what activities: <input type="checkbox"/> No				
Have you ever been awarded Lawrence S. Ting scholarship <input type="checkbox"/> yes, Name of School/University : Academic Year : <input type="checkbox"/> No				
Approval Section: <i>(Do not fill in. For Lawrence S. Ting Memorial Fund use only)</i>				
Checking: (1) Basic information <input type="checkbox"/> complete <input type="checkbox"/> No (3) short autobiography <input type="checkbox"/> Yes <input type="checkbox"/> No (2) Study result transcript <input type="checkbox"/> valid <input type="checkbox"/> No (4) Introduction letter <input type="checkbox"/> <input type="checkbox"/> Yes <input type="checkbox"/> No				
Checked by:		Student Signature:		

