**UOW COLLEGE HONG KONG**

**Self-financing Post-secondary Scholarship Scheme (SPSS)**

**ENDEAVOUR SCHOLARSHIP (EDS)**

**Application Form for Nomination**

1. **Applicant Personal Particulars**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Name: |  | | | | | | | (English) | | | |
|  |  | | | | | | | (Chinese) | | | |
| Student ID: |  | | |  | | | |  | | | |
|  |  |  | | | |  | | | |  | |
| Programme Name: |  | | | | | | | | | | |
|  |  | |  | | | |  | |  | |  |
| Year of Study: | Choose an item. | | Latest cumulative GPA/ Marks^ : | | | |  | | in | | Choose an item. |
| Contact Information:  *Please make sure the contact information is correct* | Personal Email Address: | | | |  | | | | | | |
| UOW/UOWCHK Email Address: | | | |  | | | | | | |
| Contact Number (Mobile): | | | |  | | | | | | |

^ Please provide copies of documentary proof for verification.

1. **Special Educational Needs (SEN)**

(Please provide copies of documentary proof\* for verification.)

Specific Learning Difficulties  Intellectual Disabilities

Autism Spectrum Disorders  Attention Deficit/ Hyperactivity Disorder

Physical Disability  Visual Impairment

Hearing Impairment  Speech and Language Impairment

Others: (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please ✓ as appropriate.*

\* The documentary proof shall be issued by relevant specialists or authorities, e.g. registered medical doctor, educational psychologist, clinical psychologist, psychiatrist, ophthalmologist, audiologist or speech therapist, etc.

1. **Consent for Disclosure**

The consent for disclosure is on voluntary basis and will NOT affect the nomination for the scholarship.

|  |  |
| --- | --- |
|  | I give consent to the College and the Education Bureau for displaying my name in the publicity materials/websites related to the Self-financing Post-secondary Scholarship Scheme. |
|  | I do not give consent to the College and the Education Bureau for displaying my name in the publicity materials/websites related to the Self-financing Post-secondary Scholarship Scheme. |

*Please ✓ as appropriate.*

1. **Other Supplementary Information (e.g. support measures and/or special examination arrangements provided by the institution)**

(Not more than 500 words)

|  |
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|  |

**E. Declaration and Consent**

|  |  |
| --- | --- |
|  | I certify that all the information given is true and accurate. I understand that any inaccurate information will render the nomination invalid and any scholarship/award approved will be withheld and any payment made must be refunded to the Self-financing Post-Secondary Education Fund (the Fund). |

|  |  |
| --- | --- |
| Signature: |  |
|
| Date: Click or tap to enter a date. |  |