**UOW COLLEGE HONG KONG**

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

**REACHING OUT AWARD (ROA)**

**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. **Reaching Out Activity**

(Please provide supplementary documents regarding the Reaching Out Activity, e.g. the itinerary and leaflets of the study tours)

|  |  |
| --- | --- |
| Organiser : |  |
|  |
|  |  |
| Title : |  |
|  |  |
| Duration : | From | Click or tap to enter a date. | to | Click or tap to enter a date. | Destination : |  |
|  |  |
| Type : | [ ]  Placement / Internship | [ ]  Field / Study Trip |
|  | [ ]  Attend Course | [ ]  Participate in Event / Competition |
|  | [ ]  Self-arranged | [ ]  Others, please specify :  |
|  |  |
| Objectives : |  |
| Major Activities : |  |
| Benefit to the Participant : |  |
|  |  |
| Estimated Expenses per Participant : | HK$ |  |
| (e.g. tuition fees, transportation, accommodation and other incidental expenses) |

1. **Endorsement of the Reaching Out Activity from Institution**(to be completed by Programme Leader)

I (Name of Programme Leader) hereby certify that the student has been nominated to the abovementioned reaching out activity which is course or placement related or is a national / regional / international event or competition conducted outside Hong Kong. Each awardee should submit a **reflection report** to the institution on the activities participated and the learning experiences and benefits acquired **within 1 month** after returning Hong Kong. I understand that the reflection report would be used by Education Bureau for publicity and sharing purposes.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature  |  |  | Post Title |  |
| Telephone Number  |  |  | Date | Click or tap to enter a date. |

1. **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. |  |