

HKSAR Government Scholarship Fund

REACHING OUT AWARD (ROA) 2023/24

Nomination Form

A. Nominee Personal Particulars

Nominee Name : English _____ Chinese _____

Student ID : _____ CityU Email Address: _____

Contact No.: _____ Place of Origin : _____ Cohort : _____

Programme Name : _____

Year of Study : Year 1 / 2 / 3 / 4 / 5 / 6 # Latest cumulative GPA : _____
Please circle as appropriate.

B. Reaching Out Activity

Organiser : _____

Activity name: _____ (Item No.: _____)

Duration : From _____ to _____ Destination : _____

Category (Please ☒ one of the following categories.) :

☐ Placement / Internship

☐ Field / Study Trip

☐ Attend Course

☐ Participate in Event / Competition

Objectives :	
Major Activities :	
Benefit to the Participant :	
Estimated Expenses per Participant : _____ HK\$ (e.g. tuition fees, transportation, accommodation and other incidental expenses)	

C. Endorsement of the Reaching Out Activity from Institution

I _____ (Name of Programme Leader / authorised person of the institution) hereby certify that the student has been nominated to the abovementioned reaching out activity which is a course or placement related or is a national / regional / international event or competition conducted outside Hong Kong. Each awardee should submit a **reflection report** (at least 1,000 words in English or Chinese) 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 _____

D. Declaration by Nominee

1. I declare that the details given above are true, complete and correct. I understand that any misrepresentation of facts would lead to disqualification of the captioned award and render me liable to disciplinary action by the University.
2. I agree that should there be any subsequent changes of my personal data, or change of my status as a CityU student (e.g. withdrawal, termination of studies), I should inform SDS immediately.
3. I agree to the data usage as mentioned below.
4. I agree that the University may publicize the information of the scholarship recipients, specifically by name and programme title, where applicable, on the website of the University.
5. I understand that the University reserves the right to demand the scholarship recipients for refunding the scholarships, partially or in full, should they fail to fulfil the obligation(s) as required e.g. completion of student exchange programme for exchange scholarship recipients.
6. I have read through the "[Information Notes on University Scholarships and Prizes](#)" and understand and agree the terms and conditions stated on the Information Notes.

Data Usage

The information that students provide in the nomination form(s) will be used for the following purposes:

- as a basis for selection of applicants by the University or donors for scholarships / prizes available.
- for transferring to the Award System in SDS and the University if and when the nomination is successful.

Signature : _____ Date : _____

To be completed by College/School/Department

College/School/Department Chop

Authorised Signature : _____

Name : _____

Position : _____

Dean / Head* : _____

Date : _____

**Delete as appropriate.*