

date month year

APPLICATION FOR SCHOLARSHIP

LAWRENCE S.TING MEMORIAL FUND

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| --- | --- |
| Applicant’s full name: Gender: Male □ Female □ | Photo 3x4 taken within last 3 months |
| Date of birth: Birth place: National ID No. : |
| Permanent address: |
| Current address : |
| Mobile: E-mail: | |
| School/University: Faculty:  Major: Class: Graduation year | |
| Previous semester academic score: Previous semester conduct performance: | |
| Required supporting documents attached:  □ Previous semester result transcript □ Letter of motivation in English □ 2 reference letters | |
| Current financial source for studying (you may select multiple options):  □ From family □ From part-time job □ Other (specify) | |
| Extracurricular activities involved/participated (please specify): | |
| Strengths: | |
| Plan after graduation:  □ Further Study  Degree level Institution name/address:  Field of study: | |
| * Work * Get a job in my field of study □ Gain some work experience * Others (please specify): | |
| Have you ever been awarded Lawrence S. Ting scholarship   * Yes. Name of School/University : Academic Year : * No | |
| Declarations:   * I have provided all the details required and I confirm that the information provided herein, to the best of my knowledge, is true and correct. * I give my permission for the information provided in this form (and the supporting documentation) to be shared with Scholarship Selection Committee, and for internal use only * I will fully and actively participate in extracurricular activities organized by the Lawrence S. Ting Memorial Fund. | |
| Approval Section: *(Do not fill in. For Lawrence S. Ting Memorial Fund use only)* | |
| Checking: (1) Basic information □ complete □ No (3) Motivation letter □ Yes □ No  (2) Study result transcript □ valid □ No (4) Reference letters □ Yes □ No | |
| Checked by: Student Signature:  Date: Date | |