



date 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:	National ID No. :				
Permanent address:						
Current address :						
Mobile:		E-mail:				
School/University:		Faculty:		Graduation year		
Major:		Class:				
Previous semester academic score:		Previous semester conduct performance:				
Required supporting documents attached:						
<input type="checkbox"/> Previous semester result transcript		<input type="checkbox"/> Letter of motivation in English		<input type="checkbox"/> 2 reference letters		
Current financial source for studying (you may select multiple options):						
<input type="checkbox"/> From family <input type="checkbox"/> From part-time job <input type="checkbox"/> Other (specify) .....						
Extracurricular activities involved/participated (please specify):						
Strengths:						
Plan after graduation:						
<input type="checkbox"/> Further Study						
Degree level		Institution name/address:				
Field of study: .....						
<input type="checkbox"/> Work						
<input type="checkbox"/> Get a job in my field of study		<input type="checkbox"/> Gain some work experience				
<input type="checkbox"/> Others (please specify): .....						
Have you ever been awarded Lawrence S. Ting scholarship						
<input type="checkbox"/> Yes. Name of School/University :		Academic Year :				
<input type="checkbox"/> No						
Declarations:						
<ul style="list-style-type: none"> <li>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.</li> <li>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</li> <li>I will fully and actively participate in extracurricular activities organized by the Lawrence S. Ting Memorial Fund.</li> </ul>						
Approval Section: (Do not fill in. For Lawrence S. Ting Memorial Fund use only)						
Checking:	(1) Basic information	<input type="checkbox"/> complete	<input type="checkbox"/> No	(3) Motivation letter	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	(2) Study result transcript	<input type="checkbox"/> valid	<input type="checkbox"/> No	(4) Reference letters	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Checked by:			Student Signature:			
Date:			Date			