



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:		
Major:		Class:		
Graduation year				
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"> • 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: <i>(Do not fill in. For Lawrence S. Ting Memorial Fund use only)</i>				
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		