

**Sir Edward Youde Memorial Scholarship  
for Disabled Students 2017/18**

**Nomination Form**

**( for second to final year undergraduate / diploma students )**

This Nomination Form should be forwarded by the institution to the Sir Edward Youde Memorial Fund Council Secretariat at Room 1217, 12/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon, Hong Kong by **18 October 2017**.

A recent photograph  
of the applicant to be  
attached here

(preferably taken  
within recent  
three months)

**PART I (to be completed by candidate)**

**(A) Personal Data**

1. Name in English (Mr/Ms/Miss\*) : \_\_\_\_\_  
(in Block Letters as shown on HKID card)  
Name in Chinese (if applicable) : \_\_\_\_\_
2. Hong Kong Identity Card No. (**Copy of which should be attached**) : \_\_\_\_\_
3. Year of birth : \_\_\_\_\_ 4. Nationality : \_\_\_\_\_
5. Years of residence in Hong Kong as at 1.9.2017 : \_\_\_\_\_
6. Home Tel. No. : \_\_\_\_\_ 7. Day-time Contact Tel. No. /  
Mobile Phone No. : \_\_\_\_\_
8. Email Address : \_\_\_\_\_
9. Correspondence Address :  
\_\_\_\_\_  
\_\_\_\_\_
10. Residential Address (if not the same as in item 9 above) :  
\_\_\_\_\_  
\_\_\_\_\_

**(B) Course Details**

1. Institution : \_\_\_\_\_
2. Faculty / Division / Department\* : \_\_\_\_\_
3. Degree / Diploma\* programme at  
post-secondary / tertiary level  
being pursued : \_\_\_\_\_
4. Major subject (if applicable) : \_\_\_\_\_
5. Year of study : \_\_\_\_\_
6. Course duration : \_\_\_\_\_
7. Commencement date of current study programme : \_\_\_\_\_
8. Expected completion date of study : \_\_\_\_\_

\*Delete as appropriate

**(C) Academic Background**

1. Performance at internal examinations of the institution in 2016/17†:

Subject	Grade / Mark	Subject	Grade / Mark
1.		6.	
2.		7.	
3.		8.	
4.		9.	
5.		10.	

2. Public Examinations Results†:

	Year	Subjects and Results
HKDSE		
Others (Please specify)		

3. Scholarships and Awards†:

(Please give details of any scholarships / awards previously received or currently being granted and specify the issuing authority and value of the awards. Successful candidates will not be required to relinquish scholarships or awards concurrently held by them.)

Name of Award (including Sir Edward Youde Memorial awards)	Issuing Authority	Value of Award	Date

†Copies of supporting document(s), such as certificate(s), result slip(s) and official transcript(s) (including those of current studies) should be attached

**(D) Extra-curricular Activities / Community Services**

List in chronological order the extra-curricular activities and community services participated **in the past three years:**

Activity / Service	Position held / Attainment	Date

**(E) Particulars of Special Educational Needs and/or Mental Health Needs<sup>1</sup>**

1. Type of special educational needs / mental health needs: \_\_\_\_\_  
\_\_\_\_\_
2. Seriousness of special educational needs and/or mental health needs (Please attach the most recent medical report and supporting document such as assessment report issued by Education Bureau or approval letter for disability allowance. Candidates may be required to attend an assessment):  
\_\_\_\_\_  
\_\_\_\_\_

<sup>1</sup> Students with special educational needs and/or mental health needs include those having physical disabilities, visual impairment, hearing impairment, speech and language impairment, attention deficit / hyperactivity disorders, specific learning difficulties, autism spectrum disorders, intellectual disabilities and/or mental illness.

**(F) Further Information**

Please give an account of, in **not more than 500 words**, preferably in English, the reasons for undertaking the course of current studies. (To be typewritten, if not, please ensure that handwriting is legible. Use additional sheets if necessary and duly sign on each page.)

**(G) Declaration by Candidate**

I hereby declare that:

- (a) the statements made in Part I of this nomination form including all the related documents provided are, to the best of my belief, true, complete and correct; and
- (b) I have read the Information Note D. I fully understand and agree to the arrangements stated therein in relation to my being nominated.

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

Name (in Full) : \_\_\_\_\_

Student Name: \_\_\_\_\_

Student No.: \_\_\_\_\_

**(H) Achievements/Contribution/Participation in extra-curricular activities and community services**

Please list in descending order of importance up to ten achievements/contribution/participation in extra-curricular activities (being non-academic activities and without remuneration) and community services in the past 3 academic years (from 1 September 2014 to 31 August 2017). You **MUST** provide the **supporting documents** for the activities/services. If you cannot provide the documents, kindly state the reasons. Otherwise, your activities/services may not be considered or your nomination may be given a lower priority.

	Achievements/Contribution/Participation	Date & Duration
Example	President of xxx Society - Led a team of 20 ExCo members - Organized (a function) for 100 members	April 2015 – March 2016 1 Year
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

**PART II** (to be completed by Dean of Faculty or Head of Division / Department)

Please note that the candidate has the right of access to the assessment provided by you in accordance with the provisions of the Personal Data (Privacy) Ordinance.

**Confidential Report on the Candidate**

In support of the nomination, please provide a report on the candidate with reference to –

- (a) the examination results and/or academic results of the candidate's school work in the previous year;
- (b) the leadership qualities as demonstrated in his/her involvement in extra-curricular activities and/or community services;
- (c) the intellectual and personal qualities and potential, including his/her expected future contribution to Hong Kong; and
- (d) any special considerations which have led to the candidate's nomination.

(Use additional sheets if necessary and duly sign on each page.)

Signature : \_\_\_\_\_ Date : \_\_\_\_\_

Name : Prof./Dr/Mr/Ms/Miss\* \_\_\_\_\_

Position : \_\_\_\_\_

Faculty / Division / Department\* : \_\_\_\_\_

Institution : \_\_\_\_\_

\*Delete as appropriate