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| Ref. No. | |
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(For office use only)

Community of Practice on Service-Learning for Secondary Schools (CoP-SLSS) Scholarship for Professional Development 2022/23

A. General Information

1. Particulars of the Applicant

Name _____ Title _____
School _____ Post _____
Tel. _____ E-mail _____

2. **Type of staff development activity**
- | | | |
|---|--------------------------|---|
| (a) Conference attendance | <input type="checkbox"/> | Please provide more details by completing Section B |
| (b) Professional development short course enrolment | <input type="checkbox"/> | |
| (c) Service-learning field trip | <input type="checkbox"/> | |
-
- (d) Service-learning pilot project Please provide more details by completing Section C

3. Total funding requested: _____ (HKD)

B. Details of Conference/Course/Seminar/Workshop (for 2a, 2b and 2c only)

1. Description of the Activity (please attach a copy of the conference/programme brochure if available)

- a) Title of Conference / Course / Field trip _____
- b) Organizer _____
- c) Location _____
- d) Date From _____ to _____
- e) For Conference:
Are you presenting a paper at the conference? Yes No
Title of paper to be presented _____

(Please attach abstract of paper and letter of acceptance of presentation)

- f) For Professional Development short courses
- g) How would the proposed activity benefit you, the school and CoP-SLSS in developing SL at secondary schools?

Please attach information about the course

2. Financial Support

| Item | Details | Amount (HK\$) |
|-----------------------------|--|---------------|
| (i) Registration/Course Fee | | |
| (ii) Passages (if any) | 1) Air ticket including airport tax (from HK to _____) | |
| | 2) Intercity travel (travel from one city to another city) | |
| | | |
| (iii) Others | | |
| | Total: | |

C. Details of pilot small-scale service-learning project (for 2d only)

1. Other Team Member(s) (if applicable)

| Name | School | Post | Email | Tel. | CoP-SLSS member? |
|------|--------|------|-------|------|------------------|
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2. Description of the Project

a) Title:

b) Expected duration of activity: _____ months

c) Proposed commencement date: _____ (dd/mm/yyyy)

d) Expected completion date: _____ (dd/mm/yyyy)

e) Objectives

f) Outcomes and Deliverables (Please indicate target users where appropriate)

g) Implementation Plan

h) Significance or Impact

i) Evaluation Plan

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3. Budget Plan

| Item | Details | Amount (HK\$) |
|---------------------|---------|---------------|
| i) General expenses | | |
| ii) Equipment | | |
| iii) Software | | |
| Total: | | |

End

Please send the completed application form with the attachment (if any) to Ms. Alison Ip at alison.ip@polyu.edu.hk