

Ref. No.

(For office use only)

Community of Practice on Service-Learning for Secondary Schools (CoP-SLSS) Scholarship for Professional Development 2024/25

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 | <input type="checkbox"/> | 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)

- Title of Conference / Course / Field trip _____
- Organizer _____
- Location _____
- Date From _____ to _____
- 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 *Please attach information about the course*
- g) How would the proposed activity benefit you, the school and CoP-SLSS in developing SL at secondary schools?
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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?

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