

**Sir Edward Youde Memorial Scholarships  
for Disabled Students 2011/12**

**Nomination Form**

**( for second to final year post-secondary / tertiary students )**

This Nomination Form should be forwarded by the institution to the Secretary, Sir Edward Youde Memorial Fund Council, Room 1217, 12/F, Cheung Sha Wan Government Offices, 303 Cheung Sha Wan Road, Kowloon, Hong Kong by **7 October 2011**.

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/Mrs/Miss/Ms\*) : \_\_\_\_\_  
(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. Date of birth : \_\_\_\_\_
4. Place of birth : \_\_\_\_\_
5. Years of residence in Hong Kong as at 1.9.2011: \_\_\_\_\_
6. Nationality : \_\_\_\_\_
7. Home Tel. No. : \_\_\_\_\_
8. Day-time Contact Tel. No. /  
Mobile Phone No. : \_\_\_\_\_
9. Email Address : \_\_\_\_\_
10. Correspondence Address :  
\_\_\_\_\_  
\_\_\_\_\_
11. Residential Address (if not the same as in item 10 above) :  
\_\_\_\_\_  
\_\_\_\_\_

**(B) Course Details**

1. Institution : \_\_\_\_\_
2. Faculty/Division/Department\* : \_\_\_\_\_
3. Degree/Diploma/Certificate\* 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 2010/11†:

| Subject | Grade/<br>Mark | Subject | Grade/<br>Mark |
|---------|----------------|---------|----------------|
| 1.      |                | 6.      |                |
| 2.      |                | 7.      |                |
| 3.      |                | 8.      |                |
| 4.      |                | 9.      |                |
| 5.      |                | 10.     |                |

2. Public Examinations Results†:

|                            | Year | Subjects and Results |
|----------------------------|------|----------------------|
| HKALE                      |      |                      |
|                            |      |                      |
| HKCEE                      |      |                      |
|                            |      |                      |
| Others<br>(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 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<sup>1</sup>**

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

**(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.)

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

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

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

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

**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:-

- (i) examination results and/or academic results of the candidate's school work in the previous year;
- (ii) leadership qualities as demonstrated in his/her involvement in extra-curricular activities and/or community services;
- (iii) intellectual and personal qualities and potential, including his/her expected future contribution to Hong Kong; and
- (iv) 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/Mrs/Miss/Ms \* \_\_\_\_\_

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

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

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

\*Delete as appropriate

**PART III (to be completed by Head of Institution or his/her representative)**

**Recommendation**

I recommend Mr/Mrs/Miss/Ms \* \_\_\_\_\_  
as a candidate for the Scholarships for Disabled Students to be offered by the Sir Edward Youde Memorial Fund Council in 2011/12.

I confirm that the candidate has attained high standard of academic performance in 2010/11 and made significant contribution to the life of the student body of the institution and/or the well-being of the community\* through his/her involvement in extra-curricular activities and/or community services. I also certify that the particulars stated in this form are correct to the best of my belief and that the candidate is undertaking a UGC-funded/publicly-funded\* programme.

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

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

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

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

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

\* Delete as appropriate