

□\* General Nomination

□\* Special Nomination

**\*Please tick the appropriate box (see remarks)**

**TUNG WAH GROUP OF HOSPITALS 155th ANNIVERSARY SCHOLARSHIP**

APPLICATION FORM

Recent Photo

**SECTION I** (To be completed by the applicant)

(A) PERSONAL INFORMATION

1. Full Name in English (in block letters, surname first):

Mr.／Miss

2. Name in Chinese (if applicable):

3. Date of Birth: D/ M/ Y/ Place of Birth:

4. Hong Kong Identity Card No.:

5. Residential Address (in block letters):

6. Type of Housing:

□ Rental Housing: **(Please tick)**

□ Sub-divided Units □ Public Housing □ Home Ownership Scheme   
□ Private Housing

□ Self-owned Property (including owned Public Housing and Home Owner Scheme)

□ Other (Please specify) : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Applicant's Mobile No. (WhatsApp available):

8. Personal email address:

9. Name of Higher Education Institution:

10. Programme of study:

11. JUPAS code (e.g.: JS4501):

12. Course Duration: (e.g.: 4 years/5 years)

\*Applicants must tick the box to indicate the category of this nomination as "General Nomination" or "Principal Nomination"

\*"Special nomination" is targeted at the student who has overcome special adversities (e.g. disabilities and unique background) and is admitted to a full-time registered undergraduate degree programme.

\* Please refer to the “Criteria" part in the regulations: Each secondary school can nominate at most 1 student of each category.

(B) FAMILY INFORMATION

1. Applicant’s family members living in the same household

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name  (Chinese & English) | Age | Relationship  with Applicant  (e.g.: father, mother, sister, grandma etc.) | Highest Education Qualification | Name of School & Grade  (for siblings attending Day School **ONLY**) | Present  Occupation  (e.g.: student, housewife, retired, unemployed etc.) | Present  Monthly Income  (HK$) |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

1. Is any member of your family receiving Comprehensive Social Security Assistance (綜合社會保障援助（綜援）計劃)?

□ Yes (Monthly Amount $ ) □ No □ In the course of application

1. Are you receiving Tertiary Student Finance Scheme - Publicly-funded Programmes (TSFS)  
   (資助專上課程學生資助計劃) ?

□ Yes (Amount $ ) □ No □ In the course of application

1. Are you receiving Non-means-tested Loan Scheme for Full-time Tertiary Students (NLSFT)  
   (全日制大專學生免入息審查貸款計劃) ?

□ Yes (Amount $ ) □ No □ In the course of application

1. Did you receive any other financial assistance in the past 12 months? If yes, please specify the type and amount received.

□ Yes (Please specify name and total amount)

□ No

□ In the course of application (Please specify name and total amount)

(C) SCHOOL EDUCATION

1. Primary and Secondary Schools Attended (including non-local schools)

|  |  |  |  |
| --- | --- | --- | --- |
| Name of School | Month and Year | | Form Level |
| From | To |
|  | M/ Y/ | M/ Y/ | - |
|  | M/ Y/ | M/ Y/ | - |
|  | M/ Y/ | M/ Y/ | - |
|  | M/ Y/ | M/ Y/ | - |

1. Hong Kong Diploma of Secondary Education (HKDSE) 2025 Results

(Show the level attained in each subject)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Chinese Language | English Language | Mathematics | Mathematics extended part (Calculus and Statistics) | Mathematics extended part (Algebra and Calculus) | Citizenship and Social Development | Biology | Business, Accounting and Financial Studies | Chemistry | Chinese History | Chinese Literature | Economics | Geography | History | Information and Communication Technology | Physics |  |  |  |
| Level |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

1. Positions of Responsibility held by the Applicant in Extra-Curricular Activities in S3-S6

|  |  |  |
| --- | --- | --- |
| School Year | Club/Society | \*Positions of Responsibility |
| / |  |  |
| / |  |  |
| / |  |  |

\*Please enter either Chairman, Vice-Chairman, or Committee Member, etc.

4. Services in S3-S6

(a) Service in School

|  |  |
| --- | --- |
| School Year | \*\*Positions of Responsibility |
| / |  |
| / |  |
| / |  |

\*\*Please enter either School Prefect, Class Monitor, or other services in school

(b) Community Service

|  |  |  |
| --- | --- | --- |
| School Year | Organization | Service |
| / |  |  |
| / |  |  |
| / |  |  |

(c) Service to Tung Wah Group of Hospitals

|  |  |
| --- | --- |
| School Year | Service |
| / |  |
| / |  |
| / |  |

5. Scholarships and Awards obtained in S3-S6

|  |  |  |
| --- | --- | --- |
| School Year | Name of Scholarship/Award | Amount of Scholarship (HK$)/Award Obtained |
| / |  |  |
| / |  |  |
| / |  |  |

6. Scholarships and Awards obtained **AFTER** the release of HKDSE 2025 results

|  |  |  |
| --- | --- | --- |
| Name of Scholarship/Award | Amount (HK$) | Nature (e.g. one-off, renewable for a period of 4 years, etc.) |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

(D) FORWARD PLAN

Please write a statement of not more than 400 words explaining why you are interested in your programme of study, describing what you would like to gain from higher education and what you may contribute after completing the programme.

(E) SHARING

Please share your experience in overcoming adversity in not more than 400 words.

(F) THANKSGIVING **(請用中文填寫)**

Please write a statement of not more than 500 words if you were awarded for the captioned Scholarship. It is recommended to include but not limited to the following content:

1. Factors attributing to your success;

2. Future study and career plan or future aspirations;

3. People that you would like to thank for.

(G) DECLARATION

1. I declare that all information provided by me in this form of application is accurate and complete to the best of my knowledge. Furthermore, I agree to demonstrate proactive learning attitude, maintain well-discipline and abide by the law and regulations of society. I will also actively promote the positive image of TWGHs, agree with the Principles of “One Country, Two Systems”, and contribute to the harmony and development of Hong Kong and our Mother Country.
2. I understand that I shall maintain good and proper behavior during the incentive period to receive the scholarship. Tung Wah Group of Hospitals has the absolute right to terminate, disqualify or request to refund the scholarship if I am found to have committed any criminal offense or fail to fulfill the commitments in the aforementioned (1).

Date: Signature of applicant (e-signature is acceptable):

*Note 1: Supporting Documents Required for Application*

1. Please provide the following item when submitting the application form:
2. HKDSE examination results

*Note 2: Personal Information Collection Statement*

|  |  |
| --- | --- |
| 1. | Personal data provided by you will be used for the purposes of handling your application for TWGHs 155th Anniversary Scholarship. The provision of your personal data is voluntary. If you do not provide sufficient information, we may not be able to proceed with your application. |
|  |  |
| 2. | Personal data in your application, or copies of which, will be disclosed or transferred to parties relevant and necessary for the following purposes:   |  |  | | --- | --- | | (i) | for the purposes as stated in paragraphs 1 above; or | | (ii) | with your consent; or | | (iii) | required by law, authorized under law, or by court orders. | |
|  |  |
| 3. | You have the right to request access to and correction of information held by us in accordance with the Personal Data (Privacy) Ordinance (Cap. 486). If you wish to access or correct your personal data, please contact Education Division (E-mail: [ed-pd@tungwah.org.hk](mailto:ed-pd@tungwah.org.hk), Fax: 2548 5706, By Post: 5/F, Education Division, Wong Fung Ling Memorial Building, 12 Po Yan Street, Sheung Wan, HK). |

**SECTION II** (To be completed by the Principal)

(A) PERSONALITY AND GENERAL ABILITIES OF APPLICANT

From your knowledge of the applicant and, where appropriate, in comparison with his/her peers, please comment on the following by putting a [✓] in the appropriate boxes below, on the scale of 1(excellent), 2(good), 3(average) and 4(below average).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 1 | 2 | 3 | 4 |
|  | Excellent | Good | Average | Below  Average |
| Conduct |  |  |  |  |
| Sense of Responsibility |  |  |  |  |
| Industry |  |  |  |  |
| Perseverance |  |  |  |  |
| Interpersonal Skills |  |  |  |  |
| Power of Analysis |  |  |  |  |
| Independent Thinking |  |  |  |  |
| Leadership |  |  |  |  |
| Initiative |  |  |  |  |

(B) RECOMMENDATION OF PRINCIPAL

\*□General nomination

\*□Special nomination

*(\*Please tick the appropriate box)*

Reason:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Principal: |  |  | Signature:  (e-signature is acceptable) |  |
| Name of School: |  |  | Date: |  |