

Hong Kong Adventist College
DR. SAMUEL YOUNG MEMORIAL SCHOLARSHIP APPLICATION FORM
2024-2025

Instructions:

1. Complete ALL parts and sign this application form.
2. Enclose ALL documents as follows:
 - a. Recent 3 months' pay slips for the applicant and employed family members.
 - b. Recent tax return for the applicant and employed family members.
 - c. Recent bank statements of the applicants and employed family members.
3. Send this form and the above documents to the Business Office before September 30, 2024.
4. Late and incomplete application form **will not be** processed.

The Educational Aid Committee will review all applications and inform the applications in writing. This Scholarship must be **re-applied** for and reviewed by the Committee each year. All information provided is kept strictly confidential.

Part A: Applicant Information

Applicant Name: _____
 Address: _____
 Home Phone: _____ Mobile Phone: _____

Part B: Annual Family Income (in Hong Kong Dollars)

	<u>Applicant</u>	<u>Employed Family Members</u>
Annual Salary (Include bonus)	_____	_____
Other Sources of Income (Gifts, property rental, investment dividend, bank interest, etc.)	_____	_____
Additional Allowances (housing, vehicle, education, etc.)	_____	_____
Total Income	=====	=====

Part C: Capital Assets (including Hong Kong and other off-shore assets)

I declare and certify that my family's total net assets (including saving at bank, investment, lands & properties, valuable possessions, etc.) are:

__ less than or equal to HKD1, 000,000 __ more than HKD1, 000,000

Part D: An Essay

Please use a separate sheet to write an essay of no more than 250 words indicating why you are a good candidate to receive the Scholarship.

Part E: Declaration

I declare and certify that to the best of my knowledge and understanding all the above information is true, accurate and complete. I am aware that Hong Kong Adventist College (“College”) will rely on the information provided to determine the financial assistance. I also understand that any omission or misrepresentation of information with the intention to obtain pecuniary advantage by deception is an offence and is liable to legal proceedings; and I will not be entitled to any Scholarship or financial assistance.

I understand and authorize the College to use the personal data and information provided in this application for the following purposes:

- a. Activities relating to the processing, administration, and counter-checking of the application.
- b. Activities relating to the recovery of the Scholarship awarded to the applicant in error.

I agree to give consent to the College to release me and my family members’ personal data to the relevant sub-committee for the purpose of processing my application or verifying the information provided in this application by obtaining documentation as needed or through other sources. I also understand that submitting a financial aid application does not guarantee my eligibility for the Scholarship, nor does it absolve me of any financial responsibility towards the College’s education costs.

Signature: _____ Printed Name: _____ Date: _____