



Co-organised by the Law's Charitable Foundation and the Education Bureau  
**Applied Learning Scholarship (2019/20 School Year)**

**Form A1 (Completed by School)**

| OFFICE USE |  |
|------------|--|
| Ref. no.   |  |
| Original   |  |
| E-copy     |  |

**School's Nomination Form**

|                       |                 |                 |
|-----------------------|-----------------|-----------------|
| <b>School</b>         | Name (Chinese): |                 |
|                       | Name (English): |                 |
|                       | Address:        |                 |
|                       | Email Address:  | Fax No.:        |
| <b>Contact Person</b> | Name (Chinese): | Name (English): |
|                       | Title:          | Tel. No.:       |
|                       | Email Address:  |                 |

[Note: Please note that the LCF will send important notices to schools via email. School contact persons are advised to make appropriate settings in the email accounts (e.g. Add the email address of the LCF (APL@lawscharitable.org.hk) in the "Approved Senders List" and "Address Book") to ensure timely receipt of relevant messages from the LCF.]

**Total no. of S5 students enrolled in ApL courses at our school in the 2019/20 s.y.** =

**No. of students being nominated by our school for ApL Scholarship (2019/20 s.y.)** =

[Note: The maximum no. of student nominees is decided according to the no. of S5 students enrolled in ApL courses in the 2019/20 school year. Schools with **25 or less** students can nominate **1** student at most for the scholarship, while schools with **26 to 50** students can nominate **2** students at most, and so on.]

**List of Student Nominees:**

[Note: State if the student is enrolled in another ApL course. Add extra pages if needed.] *(Please ✓ as appropriate)*

|            |  |  |
|------------|--|--|
| <b>(1)</b> | Full name of student:<br><i>(in block letters)</i> | Studying S5 in 2019/20 s.y. <input type="checkbox"/> yes <input type="checkbox"/> no |
|            | ApL course:  |  |
|            | Course provider:                                   |  |
| <b>(2)</b> | Full name of student:<br><i>(in block letters)</i> | Studying S5 in 2019/20 s.y. <input type="checkbox"/> yes <input type="checkbox"/> no |
|            | ApL course:  |  |
|            | Course provider:                                   |  |
| <b>(3)</b> | Full name of student:<br><i>(in block letters)</i> | Studying S5 in 2019/20 s.y. <input type="checkbox"/> yes <input type="checkbox"/> no |
|            | ApL course:  |  |
|            | Course provider:                                   |  |

[Note: Please ensure all the above information is entered correctly.]

**Signature of Principal:**

**Name of principal:**

**Date:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**School Chop:**