



Part I: About the Nomination (to be completed by the nominator)

[Note: Nominator can be a school principal, teacher, social worker, ApL coordinator or course tutor.]

Student Nominee	Name of student:	
	School:	
	ApL course:	
	Grade attained in this course (<i>refer to the Learning Progress Report in October 2020</i>):	
Nominator	Name of school/course provider:	
	Name (Chinese):	Name (English):
	Title:	Tel. no.:
	Email address:	

[Note: All personal data collected shall only be used exclusively for processing the nominations by LCF and communication purpose.]

(1) How did you get to know the student nominee? How long have you known him/her?

(2) What do you know about the student nominee? (e.g. learning ability, inter-personal relationship, attitude and values towards life)

(3) What are your main considerations when you decided to nominate the student?

(Please tick (✓) the appropriate box(es) and provide supplementary information as needed.)

<input type="checkbox"/>	With outstanding achievements in the ApL course
<input type="checkbox"/>	With talent and excellent performance in the course
<input type="checkbox"/>	Diligent (e.g. attentive, punctual for classes, timely submission of assignments)
<input type="checkbox"/>	With good learning attitude and active participation in the course
<input type="checkbox"/>	With significant progress in overall learning and personal growth
<input type="checkbox"/>	Good conduct (e.g. polite, responsible, willing to help)
<input type="checkbox"/>	A good team player with positive influences on others
<input type="checkbox"/>	Others (please specify, e.g. student's family circumstances)
Supplementary Information:	

(4) What expectation(s) do you have on the student nominee?

(Please tick (✓) the appropriate box(es) and provide supplementary information as needed.)

<input type="checkbox"/>	To continue studies in a relevant field of the ApL course
<input type="checkbox"/>	To develop a career in a relevant field of the ApL course
<input type="checkbox"/>	To develop interest and expertise
<input type="checkbox"/>	To achieve good results in the HKDSE Examination
<input type="checkbox"/>	To fulfill his/her own dreams/goals
<input type="checkbox"/>	To make good use of knowledge to contribute to society
Supplementary Information / Words of Encouragement for the student nominee :	

Declaration: I hereby declare the information provided above is based on my best understanding on the student I nominated here.

Signature of nominator:

Date:

Part II: Self-Description and Learning Experience
(to be completed by the student nominee)

- Please express in words. Attach extra pages as needed and write your name and the name of your school on every page added.
- Please fill in ALL the blanks and elaborate details so that assessors could have a better understanding of your reflection, learning attitude and plan for development. All nominees will automatically enter for the nomination of Special Awards which will be presented to those students with inspiring sharing.
- Students with special educational needs (SEN) can be assisted by teachers or social workers when filling in this form. Different means of expressions would be accepted for students with SEN.

Completed by:	<input type="checkbox"/> Student Nominee <input type="checkbox"/> Nominator <input type="checkbox"/> Others: _____	
Student Nominee	Name (Chinese):	Name (English): (in block letters)
	School:	
	Studying S5 in 2019/20 school year: <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> M <input type="checkbox"/> F
	Email Address:	Tel. No.:
	ApL course(s) enrolled: (1) _____ (2) _____ <i>(if applicable)</i>	

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(1) Please introduce yourself.
(2) What do you think is the reason for being nominated?
(3) How would you use this scholarship, if awarded?

(4) What are your expectations for the next five years in studies or career development? How do you plan to meet these expectations?

(5) Please share your unique learning or life experience and how it affects your personal growth and life goals. *(Attach extra pages as needed)*

(6) Please summarise what you have gained from the ApL course, and briefly describe the meaning of the course for you. *(Attach extra pages as needed)*

You may have opportunities to fulfil your potential and demonstrate your learning achievement at the ApL Scholarship Presentation Ceremony if you are awarded. Should you be willing to showcase your talents and achievements on the day of the ceremony, please tick (✓) the box(es) below:

<p><u>1. Positions you are willing to take up at the ceremony:</u></p> <p><input type="checkbox"/> Emcee <input type="checkbox"/> Video Production</p> <p><input type="checkbox"/> Photography <input type="checkbox"/> Personal Sharing on Stage</p> <p><input type="checkbox"/> Souvenir Design and Production</p> <p><input type="checkbox"/> Performance (Related to ApL Course):</p>	<p><u>2. Accomplishment or work you are willing to showcase:</u></p> <p><input type="checkbox"/> Manuscript <input type="checkbox"/> Digital Art & Design</p> <p><input type="checkbox"/> Handicraft <input type="checkbox"/> Drawing / Painting / Photo</p> <p><input type="checkbox"/> Film / Video <input type="checkbox"/> Computer Game / Animation</p> <p><input type="checkbox"/> Others (Related to ApL Course):</p>
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Remark: The above recruitment is purely voluntary, and will not affect the result of assessment.

Declaration:

- I pledge to pursue excellence in my learning and endeavour to complete the ApL course(s).
- I understand and agree that all the information provided and shared above is voluntary. If I fail to provide sufficient information as requested, the LCF may not be able to process my nomination.
- I understand and agree that all personal sharing above might be used by the LCF in the pamphlets, publications or other promotional materials of the ApL Scholarship, if I am awarded.
- I hereby declare that all the above information is true. I understand that the application will be rejected if any information provided in the nomination form is untrue. The LCF reserves all rights to take any actions.

Signature of student nominee: _____

Date: _____

Enquiry about “ApL Scholarship”:

Contact Person : Ms. Linda WOO
 Contact Tel. No. : 3605 2081
 Email : APL@lawscharitable.org.hk



LCF Website



LCF Facebook

Personal Information Collection Statement

1. The personal data collected in the nomination form will be used by the Law’s Charitable Foundation (LCF) and the Education Bureau for the purpose of application, assessment and communication in relation to the Applied Learning Scholarship and its related activities. These personal data may be disclosed by the LCF to the third parties to complete the necessary procedures for the purposes mentioned above.
2. The provision of the personal data in this form is voluntary. Failure to provide these data, including name, name of school/course provider, email address and contact telephone number, may affect the processing and outcome of your application.
3. Under the Personal Data (Privacy) Ordinance, you have a right to request access to, and to request correction of, your personal data in relation to your application, including the right to obtain a copy of your personal data provided by this form.
4. For enquiries concerning the personal data collected in this form, please contact the Law’s Charitable Foundation at 3605 2081 during office hours.