



OFFICE USE	
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Course Provider's Nomination Form

ApL course: _____ **Subject code:** _____

Course Provider (CP)	Name (Chinese):	
	Name (English):	
	Address:	
	Email Address:	Fax No.:
Contact Person	Name (Chinese):	Name (English):
	Title:	Tel. No.:
	Email Address:	

[Note: Please note that the LCF will send important notices to course providers via email. Contact persons of course providers 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 this ApL course in the 2020/21 s.y. =

No. of students being nominated by this course for ApL Scholarship (2020/21 s.y.) =

[Note: The maximum no. of student nominees is decided according to the no. of S5 students enrolled in each ApL course in the 2020/21 school year. CP can nominate **1** student at most for ApL courses with **25 or less** students; **2** students at most for ApL courses with **26 to 50** students, and so on.]

List of Student Nominees:

[Note: Submit a separate list for EACH ApL course. Add extra pages if needed.] *(Please ✓ as appropriate)*

(1)	Full name of student: <i>(in block letters)</i>	Studying S5 in <input type="checkbox"/> yes 2020/21 s.y. <input type="checkbox"/> no
	School:	
(2)	Full name of student: <i>(in block letters)</i>	Studying S5 in <input type="checkbox"/> yes 2020/21 s.y. <input type="checkbox"/> no
	School:	
(3)	Full name of student: <i>(in block letters)</i>	Studying S5 in <input type="checkbox"/> yes 2020/21 s.y. <input type="checkbox"/> no
	School:	
(4)	Full name of student: <i>(in block letters)</i>	Studying S5 in <input type="checkbox"/> yes 2020/21 s.y. <input type="checkbox"/> no
	School:	

(PLEASE TURN OVER)

(5)	Full name of student: <i>(in block letters)</i>	Studying S5 in <input type="checkbox"/> yes 2020/21 s.y. <input type="checkbox"/> no
	School:	
(6)	Full name of student: <i>(in block letters)</i>	Studying S5 in <input type="checkbox"/> yes 2020/21 s.y. <input type="checkbox"/> no
	School:	
(7)	Full name of student: <i>(in block letters)</i>	Studying S5 in <input type="checkbox"/> yes 2020/21 s.y. <input type="checkbox"/> no
	School:	
(8)	Full name of student: <i>(in block letters)</i>	Studying S5 in <input type="checkbox"/> yes 2020/21 s.y. <input type="checkbox"/> no
	School:	
(9)	Full name of student: <i>(in block letters)</i>	Studying S5 in <input type="checkbox"/> yes 2020/21 s.y. <input type="checkbox"/> no
	School:	
(10)	Full name of student: <i>(in block letters)</i>	Studying S5 in <input type="checkbox"/> yes 2020/21 s.y. <input type="checkbox"/> no
	School:	
(11)	Full name of student: <i>(in block letters)</i>	Studying S5 in <input type="checkbox"/> yes 2020/21 s.y. <input type="checkbox"/> no
	School:	
(12)	Full name of student: <i>(in block letters)</i>	Studying S5 in <input type="checkbox"/> yes 2020/21 s.y. <input type="checkbox"/> no
	School:	
(13)	Full name of student: <i>(in block letters)</i>	Studying S5 in <input type="checkbox"/> yes 2020/21 s.y. <input type="checkbox"/> no
	School:	
(14)	Full name of student: <i>(in block letters)</i>	Studying S5 in <input type="checkbox"/> yes 2020/21 s.y. <input type="checkbox"/> no
	School:	
(15)	Full name of student: <i>(in block letters)</i>	Studying S5 in <input type="checkbox"/> yes 2020/21 s.y. <input type="checkbox"/> no
	School:	

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

Signature of ApL Coordinator of CP: _____

Name of ApL Coordinator of CP: _____

Date: _____

Course Provider Chop:

