The Hong Kong Society For The Deaf Hearing Impaired Youth Development Scholarship Fund 2022-2023 Application Form



香港擊人福利促進會 聽障青年發展基金 二零二二至二零二三年 申請表

A recent Application Form No. 申請表編號 photograph For internal use only 近照 内部傅用 PERSONAL PARTICULARS 個人資料 *Delete whichever is inapplicable 刪去不適用者 1. Name in full [□] Mr. / Mrs. / Miss: 姓名 (先生/太太/小姐) (As on Identity Card and in BLOCK CAPITAL) In Chinese 中文 In English 英文 2. Place and Date of Birth: Age: _____ 出生日期及地點 年龄 3. Length of Residence in Hong Kong: ______ years (From _____ To _____) 居港年期 年 由 4. Nationality / Citizenship: 國籍 5. Hong Kong Identity Card Number: 香港身份證號碼 6. Marital Status: Single / Married 未婚 已婚 婚姻狀況 7. Number of Child: 子女數目 8. (a) Either one of the name of the hearing impaired father or mother in full: 聽障父或母姓名 (As on Identity Card in BLOCK CAPITAL 身份證顯示的姓名正楷大寫) In English 英文 In Chinese 中文

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erseas address) : (BLOCH	K CAPITALS) 通訊地址 (海外及本港)
I Talambana No. 1	Makila / Dagger *
	Mobile / Pager:
E宅電話	手機 / 傳呼
mail Address:	Fax No. :
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3 -1	14 37
萨港住宅地址 (如與7不	同)
•	同) ROUND 學歷 Bool, college, university attended / currently attending, with date
香港住宅地址(如與7不 ACADEMIC BACKGR a) Name of secondary sch and level attended (in o	同) BOUND 學歷
香港住宅地址(如與7不 ACADEMIC BACKGR a) Name of secondary sch and level attended (in o	同) ROUND 學歷 Bool, college, university attended / currently attending, with date chronological order) 曾修讀學院 / 中學
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ACADEMIC BACKGR (a) Name of secondary sche and level attended (in continuous Name of Institution 名稱 (b) Degree and other quality honors, subjects, etc.)	ROUND 學歷 aool, college, university attended / currently attending, with date chronological order) 曾修讀學院 / 中學 Level Attended
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(b) Either one of the level of Hearing Loss in dB of the hearing impaired father or mother:

		AINING/ COMPE					
14. S	State 1	the information of	the trai	ning / competition	on you enroll. 言	十劃培訓或比賽的	資料
	Cou	rrse / Competition	Name				
	課私	呈/比賽名稱					
	Lev						
	程序	<u> </u>	т •				
		ne of Institution / I 完/主辦單位名稱	Jnit				
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		完/主辦單位地址	Cint				
		e of Commenceme	nt		Date of Com	pletion	
	開女	台日期			終結日期		
	Find W	ease specify 請註dajob 找尋工作hat is your career personant of the correction of the corr	Job nolan ? 言	十劃從事那一行 HIPS APPLIED	過去及現正申		獲得的懸余
		Name of Scholars 獎學金名稱		Institution grant 頒發獎學金機材	ing scholarship	Amount granted 獲批金額 HK	Approved Item
(b) Plea	ase state the schola	rships o	or subsidies you		列出本年度申請	
		e of Scholarship 金名稱	schola	tions granting rship 译學金的機構	Result 申請結果	Amount granted 獲批金額 HK\$	Approved Item 獲批項目

Year 年份

Year 年份

VI. ITEMS APPLIED FOR SCHOLARSHIP 申請資助項目

17. (a) Please mark the items for applying Hearing Impaired Youth Development Scholarship Fund. Please list the no. from 1 to 3 in order of priority. (1=highest priority)

請選取你希望本獎學金資助的項目,並以1-3列明優先次序。(1=首選)

Items	The priority from 1 to 3	Expected amount for
項目		subsidy
	優先次序 1-3	期望資助金額
Tuition Fee		HK\$
課程		
Registration Fee		HK\$
参加費		
Workshop Expenses		HK\$
工作坊		
Meeting Expenses		HK\$
會議		
Residential and Meal Expenses		HK\$
食宿		
Insurance Fee		HK\$
保險		
* Sign language interpretation Fee		HK\$
手語翻譯費		
Others		HK\$
其他		
(Please specify 請註明)		
Total a	mount of subsidy	HK\$
	總資助金額	

* Details of sign language interpretation fee 手語翻譯費詳細資料
Part-time sign language interpretation fee is HK\$130 per hour. Provision of the sign language interpretation cannot be guaranteed. Please submit the application form as soon as possible for the arrangement.本會兼職手語翻譯費為每小時 HK\$130。本會不能確保可以提供手語翻譯,請盡早提交申請表,以便安排。

(b) Please provide training/course information that require sign language interpretation. 請提供需要手語翻譯的培訓/課程資料。

明代八冊文 1 四 翻 中 17-18 即					
Date	Time	Venue	Theoretical /Practical	Hours	Amount 金
上課日期	上課時間	上課地點	/Other 理論課/實習課/其他	時數	額 HK\$

VII. AUTOBIOGRAPHY 自傳

18. Please submit (Annex A) a copy of your own autobiography, describing briefly your family background, the kind of person you see yourself to be, how you have managed to overcome difficulties arising from your disability, particularly those affecting your studies, your proposed course of study, your objectives of study, your career goal, your objectives and outlook in life and your future plans, and the significance of being awarded the scholarship. Please also give any other information you think might help the Selection Board to know you better.

請呈交附件甲有關你的自傳,簡述你的家庭背景,自己的性格和為人,如何 在求學及其他方面克服殘障的問題,你所報讀課程的資料,學習目標,事業 目標,人生目標及抱負,解釋你需要本獎學金的重要性,並給予任何資料讓 獎學金委員會更認識你。

VIII. DOCUMENT AND INFORMATION 文件資料

- **19**. Please attached the photocopies of the following documents, if you have: 請呈交下列文件的影印本:
 - Outstanding Result Record regarding Sport / Art /Technology 優異成績表(體育、藝術、資訊科技)
 - 2. Reference Letters from School or Employer 學校或僱主推薦信
 - 3. Audiogram 聽力證明文件
 - 4. Information of the Training /Competition 有關培訓或比賽之資料

IX.	DECL	ARAT	ION	BY	APPL	ICAN	Γ≢	7請.	人聲	明	j
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1A. <u>DE</u>	CLANATION DI AITLICANI 丰調人工的
20.(a)1.	I (Name) declare that the statements made on this
	application are, to the best of my belief, true, complete and correct. I realize
	that the dishonesty on my part will lead to the disqualification of the
	application for scholarship award.
	我 (姓名)謹證明就本人所知,以上填寫資料全屬事實。我了解到如本人虛報資料會導致獎學金申請資格被取消。
2.	I agree to have my photos taken in the cheque presentation ceremony and my name published in the Annual Report of the Hong Kong Society for the Deaf and other publicity media if my application is successful.
	若本人成功獲得資助,本人願意讓香港聾人福利進會公佈我的名字及頒贈支票係式的照片刊登在年報及其他宣傳刊物內。

Date 日期

by the parent	t is below 21 years old, the declar guardian.	aration is needed to be made
如申請人未滿	5 21 歲,家長/監護人需作出	以下聲明。
to the best of	(Name), the parent / golicant) declare that the statemer my belief, true, complete and con my part will lead to the disquare.	orrect. I realize that the
護人,謹證E		(申請人姓名)的家長/監 全屬事實。我了解到如本人虛報資料

Applicant's Parent 家長簽名

Date 日期

XI <u>DECLARATION OF OATHS</u> 宣誓

21. After completing the Application Form, please approach any District Office to declare all the information completed and supporting documents are true. 完成整份申請表後,請往政務處進行宣誓,以證明上述所提供作申請獎學金的資料及證明文件全屬事實。

AUTOBIOGRAPHY 自傳 (Appendix I 附件甲)