

就讀學校/學院地址

Name of Programme

課程名稱

香港中文大學手語及聾人研究中心



Centre for Sign Linguistics and Deaf Studies The Chinese University of Hong Kong

課程獎學金申請表格

Programme Scholarship Application Form

Please complete all parts in BLOCK letters using black or blue ball pen.

申請人請用黑色或藍色原子筆,以正楷清楚填寫此申請書。

中胡八胡用羔巴以監巴原丁	事 , 以正	佰/月疋県為此中胡吉	1	
Part I: Personal Particulars 第一部分:個人資料				
Name in English 英文姓名			Name in Chinese 中文姓名	
HKID Card No. 香港身份證號碼			Age 年齡	
Date of Birth 出生日期			Gender 性別	
Address 住址				
Contact No. 聯絡電話				
Fax 傳真			Email Address 電郵地址	
			•	
Part II: Study Plan	第二部分	分:修讀計劃		
Name of School/Institute 就讀學校/學院名稱		Centre for Sign Linguistics and Deaf Studies, The Chinese University of Hong Kong		
Address of School/Institute		m. at:		

Part III: Academic and Professional Qualifications 第三部分:學歷及專業資格				
由月/年 From MM/ YYYY	至月/年 To MM/ YYYY	頒授機構 Issuing Authority	學歷 / 專業資格 Academic / Professional Qualifications	頒發日期 Date of Issue

Professional Diploma Programme in Sign Language Interpretation

The Chinese University of Hong Kong

(請順序列出) Academic and 請附上有關學歷及專業資格	Professional Qualifications (in chronological ord 客之證明副本 (如適用)。Please provide copies	ler) s of documentary proof for the Academic an	nd Professional Qualifications (if ap	pplicable).
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	of Hong Kong Sign Langua			
課程名稱 Course Name	頒授機構 Issuing Authority	程度 Level	成績 Results	頒發日期 Date of Issue
Course (vanie	issuing ruthority	Lever	Results	Date of issue
達附 L 右闢語言能力測試 ^		conies of documentary proof of the langua	ga proficiancy test result/relevant o	artificates (if applicable)
胡削 上角 翰丽 音 胞 刀 测 砜 乙	_IX類/月 附起音画平(知题用)。 Fiease provide	copies of documentary proof of the langua;	ge proficiency test result/relevant c	ertificates (if applicable).
Part V: Furthe	r information 第五部分:『			
	on Board in considering your appl		nation to describe your ex	xperience or interests in
Sign Linguistics ar	nd Deaf Education. Write on a sepa	rate sheet if necessary.		
為了幫助遴選委員	員會考慮您的申請,請描述您在	手語語言學及手語研究的經驗	臉或興趣。如有需要,讀	請自行附加紙張。

Part VI: Scholarship Application Amount 第六部分:獎學金申請金額				
	Amount 金額			
□ Total Tuition Fee 全額學費	\$			
□ Half Tuition Fee 半額學費	\$			
Total Amount 總金額:	\$			

Pai	rt VII: Applicant's Declaration 第七部分:申請人聲明
I,	(Applicant's Name), have read and fully understood the Guidelines in application. I declare that: The personal data and documentary evidence provided by me are true and complete. I understand and consent that the Centre for Sign Linguistics and Deaf Studies of CUHK will rely on the information provided in this application to determine the eligibility and to assess the amount of Scholarship to be offered and may conduct investigation on my application. Any misrepresentation and concealment of facts will lead to disqualification of my application and possible be prosecuted. I agree and understand that the Centre for Sign Linguistics and Deaf Studies of CUHK will treat my personal data as strictly confidential and use only for correspondence in the future.
本人 1. 2. 3.	、
	Applicant's Signature 申請人簽署 Date 日期

Notes for applicants 申請人須知

1. Applicants must return the original hard copy of the completed form together with supporting documents to the Centre for Sign Linguistics and Deaf Studies (Rm 104, Academic Building No. 2, The Chinese University of Hong Kong) by post or by hand at office hours on or before 2 July 2024. Late/incomplete applications will not be considered.

申請人須於 "2024 年7 月2 日或之前 把填妥的表格正本(不接受影印本)連同有關證明文件郵寄到或於辦公時間內交回香港中文大學手語及聾人研究中心(香港中文大學教研樓二座104室)。逾期申請或遞交不完整的申請表,概不受理。

2. Shortlisted candidates will be invited for an interview. Application'tguwww might be cppqwpegf by the end'qh'Ugr wo dgt'42460' 入選者將獲邀出席面試。獎學金計劃預計於 2024 年 9 月底公佈結果。

~The End 完~