

文學及社會科學院獎學金(社會服務)

[For Academic Year 2025-26]

- ## PERSONAL DATA

| Email Address (HKBU) | (Other, if any) |
|----------------------|-----------------|
| | |

1. Volunteer / Community Services in the past 12 months (e.g. Red Cross, St. John Ambulance Association & Brigade, fund-raising projects for the underprivileged.) **Please provide copies of documentary proof if any and mark with Appendix No.*

| Period | Name of Organization | Position Held | Activities Participated (with approximate hours of services) |
|--------|----------------------|---------------|---|
| | | | |

2. Proposed Volunteer / Community Services in the coming Academic Year

**Please provide copies of documentary proof if any and mark with Appendix No.*

| Period | Name of Organization | Activities |
|--------|----------------------|------------|
| | | |

EXTRA-CURRICULAR ACTIVITIES

**Please provide copies of documentary proof if any and mark with Appendix No.*

Extra-curricular Activities in the past 3 years (e.g. Students' Union, departmental societies, interest clubs, class associations, sports activities.)

| Period | Name of Organization | Position Held | Activities Participated |
|--------|----------------------|---------------|-------------------------|
| | | | |

SCHOLARSHIPS / AWARDS/PRIZES RECEIVED **Please provide copies of documentary proof if any and mark with Appendix No.*

| Academic Year | Name of Scholarship / Prizes Received in the past | Amount (HK\$, if applicable) |
|---------------|---|------------------------------|
| | | |

REFLECTIVE PORTFOLIO ON COMMUNITY ACTION/ VOLUNTARY SERVICE

Please write a reflection on your community action/ voluntary Service in up to 1000 words in English and convince the panel why you should be awarded a scholarship. (Use separate sheets if necessary)

**please provide testimonial/feedback from organizations if any*

DECLARATION

I declare that all information furnished here is correct and complete to the best of my knowledge. I authorize the Faculty of Arts and Social Sciences, HKBU to handle and verify the personal data/information provided in this application form which may be disclosed to my Academy Director/Programme Director and Selection Panel in considering my application for the Faculty of Arts and Social Sciences Scholarship for Community Action.

Student Signature: _____ Date: _____

Printed Name (In BLOCK Letters): _____

| Official Use | |
|---------------------|--|
| Received on: _____ | Checked: <input type="checkbox"/> supporting documents |
| Remarks: _____ | |
| _____ | |