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| **E-sports Industry Facilitation Scheme**  **Scholarship Application Form –**  **Talent Cultivation and Training** | **For Official Use Only**  **Ref. No.:** |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Part A) Particulars of the Applicant** | | | | | | | | | | |
| Name of Academic Institution  *(as shown on the Business Registration)* | | : |  | | | | | | | |
| Contact Person | | : |  | | | Position | | : |  | |
| Telephone No. | | : |  | | | Email address | | : |  | |
| **Part B) Particulars of the E-sports Training Activity** | | | | | | | | | | |
| Course Name | | : |  | | | | | | | |
| Course Code | | : |  | | | | | | | |
| Course Fee | | : |  | | | | | | | |
| Duration of the Course | | : |  | | | | | | | |
| Starting Date | | : |  | | | | | | | |
| Course Nature | | : | Degree  Associate Diploma / Higher Diploma  Diploma  Certification  Workshop  Training Programme  Boot camp  Others: \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| Study Mode | | : | Online  Part-time  Full-time | | | | | | | |
| Mailing Address of Cheque | | : |  | | | | | | | |
| Recipient of Cheque | | : |  | | | | | | | |
| **Part C) Scholarship Application**  *\*75% of tuition fee (Outstanding Performance in Assessment)*  *\*50% of tuition fee (Completion + 80% Attendance + Pass in Assessment)*  *(Please attach separate sheets for breakdown, if necessary.)* | | | | | | | | | | |
| No. | Name (as shown on bank account) | | | Age | Outstanding / Completion | | % of Scholarship Obtained | | | Amount (HK$) |
| 1 |  | | |  |  | |  | | |  |
| 2 |  | | |  |  | |  | | |  |
| 3 |  | | |  |  | |  | | |  |
| 4 |  | | |  |  | |  | | |  |
| 5 |  | | |  |  | |  | | |  |
| 6 |  | | |  |  | |  | | |  |
| 7 |  | | |  |  | |  | | |  |
| **Total Amount:** | | | | | | | | | |  |
| **Part D) Supporting Document Checklist** | | | | | | | | | | |
| Have you attached the following? | | | | | | | | | | |
| 1. Documentary proof of successful completion and / or attaining outstanding performance of the training activity or educational programme may include a certificate of award, a letter or a transcript from the training provider certifying that the training recipient has passed the relevant training assessment | | | | | | | | | |  |
| 1. A copy of each receipt in relation to payments made by the individual training recipients qualified for the scholarship. The name of the payer shown on the receipt(s) must be the same as the name of the training recipient | | | | | | | | | |  |
| 1. A copy of each recipient’s bank account proof and identity document | | | | | | | | | |  |
| 1. A proof of affiliation of each student with the academic institution? (e.g. student card) | | | | | | | | | |  |
| 1. Acknowledgement to each student for this Award | | | | | | | | | |  |

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| **Part E) Declaration and Signature** | | |
| We, the undersigned, certify that all information contained in this application is certified truthful and accurate and that no relevant information has been withheld. We also agree to be bound by the terms and conditions of the application as set out below. | | |
| Name and Position: | Authorised signature and company chop: | Date: |
| **NOTES** | | |
| 1. This Application Form should be submitted together with the documents stated in part D of this application form. All submitted information for reimbursement purpose will not be returned. 2. Payment will be made within one month upon satisfactory­ receipt of **ALL** required documents from the applicant. 3. HKCMCL reserves the right to obtain further and additional information from the applicant in relation to the payment. 4. These terms and conditions may be amended or supplemented by HKCMCL at any time without prior notice. | | |

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| **For the Use of HKCMCL** | | | | | | |
| **Part F** *(To be certified by the Esports Team)* | | | | | | |
| This application is:  recommended  not recommended | | | |  | |  |
|  | | | | | | |
| Name: | | | Signature: | | Date: | |
| **Part G** *(To be approved by Senior Manager or above)* | | | | | | |
| This application is:  approved  not approved | | | | | | |
| Remarks | : |  | | | | |
| Name: | | | Signature: | | Date: | |