【 ~Angel~ Care Student Assistance Project 】Form (A)

**Note:** The form should be completed in English with **computer and e-signature**. Handwritten form will NOT be accepted.

|  |  |  |  |
| --- | --- | --- | --- |
| University：  |  | Department： |  |
| Major：  |  | Student No.：  |  | Year： |  |
| Personal Skills：  |  | M |[ ]  F |[ ]
| Chinese Name：  |  | English Name： |  |
| Year of Birth (YYYY) :  |  | Place of Birth： |  |
| Tel:  |  | Email： |  |
| Guardian’s Address： |  |
| Address：  |  |
| Whole Family Members：  | total |  | persons ( as detailed as possible ) |
|  |  |  |  |
| Relation | Name (C/E) | Occupation | Work/School | Position | Current Situation / Year of Birth |
| Father |  |  |  |  |  |
| Mother |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Whole Family Financial Situation： |[ ]  CNY |[ ]  SGD |[ ]  TWD |[ ]  HKD |[ ]  MOP |  |
| 1. Annual family income $ |  | family lives in |[ ]  own property |[ ]  rented apartment |
| 2. Applicant lives in |[ ]  own property |[ ]  rented |[ ]  university dormitory/ monthly cost $ |  |  |
| 3. Are you working? |[ ]  No |[ ]  Yes, job as |  | monthly income $ |  |  |
| 4. Do you families receive any assistantship? |[ ]  No |[ ]  Yes |  | $ |  |  |
| 5. Do you receive any loan, grants or scholarships? |[ ]  Yes |  |  |
|  |  |  | Total amount $ |  |  |
|  |  |  |
| **I declare that the information provided above is truly stated, and I agree to have the information passed to related parties only for assistantship consideration purposes.**  |
| Applicant Signature： |  |  | Date： |  |  |
|  |

|  |
| --- |
| 【 ~Angel~ Care Student Assistance Project 】Form ( B1 ) |
| Recommendation letter： |
|  |
|  |  |
| Signature of Lecturer： |  |  | Name： |  |  |
| Email： |  |  | Title ： |  |  |
| School/Department： |  |  | Date ： |  |  |
|  |
| Student Thank-You letter to the lecturer : ( B 1 - 1 ) |
|  |

|  |
| --- |
| 【 ~Angel~ Care Student Assistance Project 】Form ( B2 ) |
| Recommendation letter： |
|  |
|  |  |
| Signature of Lecturer： |  |  | Name： |  |  |
| Email： |  |  | Title ： |  |  |
| School/Department： |  |  | Date ： |  |  |
|  |

|  |
| --- |
| Student Thank-You letter to the lecturer : ( B 2 - 1 ) |
|  |

|  |
| --- |
| 【 ~Angel~ Care Student Assistance Project 】Form ( B3 ) |
| Recommendation letter： |
|  |
|  |  |
| Signature of Lecturer： |  |  | Name： |  |  |
| Email： |  |  | Title ： |  |  |
| School/Department： |  |  | Date ： |  |  |
|  |
| Student Thank-You letter to the lecturer : ( B 3 - 1 ) |
|  |
| 【 ~Angel~ Care Student Assistance Project 】Form ( C1 )Your autobiography as self-introduction The content can be anything about yourself, but part of it must be about a) your working experience, if any e,g. part-time job, internship, or any paid job…b) your social service experience e.g. volunteer work, participation in social services… |
|  |

|  |
| --- |
| 【 ~Angel~ Care Student Assistance Project 】Form ( C2 )Q：We would like to hear from you about what you think about the aims of our projects. Please tell us about your future plans , goals & dreams & explain why you need this assistantship and how it can help you.  |
|  |