



## Will In Action Education Scholarship

for attending Overseas Training Programme on Organ Donation/ Transplantation

### Application Form

1. Full Name (Mr./Ms. /Mrs./Others \_\_\_\_\_) **Recent Photo**  
(English) \_\_\_\_\_ (2" x 2½ ")  
(Chinese) \_\_\_\_\_

2. Occupation: \_\_\_\_\_

3. Current Employer/ Service Organisation: \_\_\_\_\_

4. Hong Kong Citizen Identity Card No. (1st 4 Characters): \_\_\_\_\_

5. Correspondence Address:  
\_\_\_\_\_  
\_\_\_\_\_

6. E-mail Address: \_\_\_\_\_

7. Contact phone number: \_\_\_\_\_

8. Academic and Professional Qualifications

<i>Qualifications</i>	<i>Awarding Institutions</i>	<i>Dates obtained</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Training attended in the past 12 months (in chronological order)

<i>Course</i>	<i>Institution</i>	<i>From</i>	<i>To</i>
			<i>(mm/yyyy)</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Academic Achievement / Publications (if any).

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11. Outline your proposed training programme, indicating the institution involved and period of attendance.

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12. Have you already applied to the institution? If yes, have you already received their acceptance? If yes, please attach a copy of the letter/notice of acceptance.

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13. Please provide a budget breakdown of grant you intend to apply for.

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14. Indicate your future plan to help promote the cause of organ donation after completion of the proposed training programme.

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**15. Deadline for Application: 16 October 2017**

Please return the application form, duly completed with supporting documents to:  
(Application should be submitted with a self-addressed envelope.)

**Will In Action Limited**  
**Flat A, 14/F Wah Kit Commercial Centre,**  
**300 Des Voeux Road Central, Hong Kong**



16. Please attach supplementary sheet(s) if space provided is insufficient.

17. Declaration by the applicant:

I declare that I will not accept any other sponsorship for this training course if my application to Will In Action is successful.

Applicant's Signature

Date

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