



**THE JAPAN SOCIETY OF HONG KONG SCHOLARSHIP  
APPLICATION FORM**

1. Name: (Chinese) \_\_\_\_\_

(English) \_\_\_\_\_

2 Sex: \_\_\_\_\_

3. Marital Status: \_\_\_\_\_

4. Nationality \_\_\_\_\_

5. (a) H.K.I.D. Card No. \_\_\_\_\_

(b) Travelling Document No. \_\_\_\_\_ Expiry Date \_\_\_\_\_

6. Date of Birth \_\_\_\_\_

7. Place of Birth \_\_\_\_\_

8. Occupation: with the name of employer or of school attended

\_\_\_\_\_

9. Present address and telephone number

\_\_\_\_\_

10. Intended field of study in Japan

First Priority \_\_\_\_\_

Second Priority \_\_\_\_\_

Third Priority \_\_\_\_\_

11. Employment undertaken after coming back to Hong Kong.

\_\_\_\_\_

\_\_\_\_\_

Affix Recent  
Photograph  
(6 x 4 cm)

12. Educational Background

Dates (Month / Year)	School or College Attended	Full-time / Part-time	Qualification Obtained	Date of Award

13. Results of Public Examinations and Award Obtained

HKCEE / O level \_\_\_\_\_

Higher / Advanced level \_\_\_\_\_

Other Award \_\_\_\_\_

14. Employment Record, if any

(in reverse chronological order, starting with present / or most recent employment)

Dates (Month / Year)	Name and Address of Organization	Full-time / Part-time	Title of Position Held & Nature of Duties

15. Language Proficiency:

(1) Please indicate of the languages below and put the word "Excellent", "Good" or "Poor" where appropriate in the blank column

	Reading	Writing	Oral
Chinese			
Japanese			
English			
(Other)			

(2) Japanese Language Background

i. Name and address of institution, if any

\_\_\_\_\_

\_\_\_\_\_

ii. Period of study

\_\_\_\_\_

\_\_\_\_\_

iii. Others

\_\_\_\_\_

\_\_\_\_\_

(3) Date of previous visits to Japan, if any

Period of Visit	Purpose of Visit

16. Person to be notified in Hong Kong, in case of emergency:

Name in full \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Tel. No. \_\_\_\_\_

Occupation \_\_\_\_\_

Relationship \_\_\_\_\_

17. Please submit with your application two written recommendation from the following referees (from persons other than relatives)

(1) Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel. No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Occupation \_\_\_\_\_

(2) Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Tel. No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Occupation \_\_\_\_\_

18. If successful, I (the applicant) agree to abide by the rules and conditions of the Scholarship.

Applicant's Signature \_\_\_\_\_

Date of Application \_\_\_\_\_