



港澳台灣同鄉慈善基金會

HK & MACAU TAIWANESE CHARITY FUND LIMITED

【2010 HMTCF ~ Angel Care ~ Students Assistantship Projects】

Application Procedure

A. Objective and History

In order to help needy university students in the pursuit of knowledge and truth, our V. C. Lady, Angelique Yeh, started these Projects with the generous support of other donors. By providing financial assistance, we hope that students who benefit today will contribute to the society and create a better world in their future.

※ Since 2007, a total of over 768 students, children & patients from the Mainland of China, Hong Kong, Macau and Taiwan have received benefit.

B. Application period: 12 May 2010 ~ 8 Oct 2010

C. Assistantship Amount

Hong Kong student : HKD 5,000 each ; Macau student : MOP 5,000 each
Taiwan student : TWD 10,000 each ; Singapore student : SGD 1,000 each
The Mainland China student : CNY 2,000 each

D. Eligibility Criteria

Students come from low-income families or families with sudden adversity. Studying in university or research institution in Hong Kong, Macau, Taiwan, Singapore & the Mainland of China.

E. Documentation for Application

1. All forms can be downloaded from our websites www.hmtcf.org.
2. Only email applications with attached files are accepted : angel.care.852.61028108@hmtcf.org
3. Student Assistantship application forms: (A) (B) (C) + a copy of the latest transcript and two recommendations by two teachers from the institution which the applicant is studying in & pictures of the applicant taken with the two teachers.
(Freshmen can have one recommendation written from a teacher in their previous school)
4. Applicants will receive a confirmation code within 10 days.

F. Selection Process

Oct. 11~30 The Selection Committee will read and verify all applicants documentation.
Nov. 1~26 The Selection Committee will review and re-verify applications documentation, and determined the finalist.
Dec. 8 Announce the list of confirmation codes of the finalists.

G. Release of Assistantship

Each university and institution will release the assistantship to our selected students according to their own procedures in the second semester. (which included amount within our exist donated fund.)

Any enquiry please contact E-mail : angel.care.852.61028108@hmtcf.org

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【2010 HMTCF ~Angel Care ~ Students Assistantship Projects】 Form (A)

University :		Department :			
Major :		Student No. :		Year :	
Personal Skills :					
Chinese Name :			English Name :		
Date of Birth(D/M/Y):			Place of Birth :		
Tel(H) :		Mobile :		E-Mail :	
Guardian's Address :					
Address :					
Family Members : Total _____ persons					
Relation	Name	Occupation	Company	Position	Current Situation / Age
Father					
Mother					
Whole Family Financial Situation : <input type="checkbox"/> CNY <input type="checkbox"/> SGD <input type="checkbox"/> TWD <input type="checkbox"/> HKD <input type="checkbox"/> MOP 1. Annual family income \$ _____ family lives in <input type="checkbox"/> own property <input type="checkbox"/> rented apartment 2. Applicant lives in <input type="checkbox"/> own property <input type="checkbox"/> rented <input type="checkbox"/> university dormitory / monthly cost \$ _____ 3. Are you working ? <input type="checkbox"/> No <input type="checkbox"/> Yes, job as _____ monthly income \$ _____ 4. Do you receive any student loan? <input type="checkbox"/> No <input type="checkbox"/> Yes, loan outstanding \$ _____ 5. Do you receive any other grants and/or scholarships ? <input type="checkbox"/> Yes Name of grant / loan received: _____ 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 : _____	

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【2010 HMTCF ~ Angel Care ~ Students Assistantship Projects】 Form (B)

Part I : Personal Information of Applicant

Name : (E) _____ Name : (C) _____ Sex : M [] F []

Date of Birth(D/M/Y) : _____ Tel : _____ Email : _____

School : _____ Major : _____ Student/No. : _____ Year : _____

Home Address :

Part II : The Last School Term Transcript Copy

Part III : Two Photos - one of yourself & one with the lecturers who are recommending you.

Part IV : For School Use Only

Recommendation :

Signature of Lecturer : _____ Name : _____

E Mail : _____ Title : _____

School/Department : _____ Date : _____

Part V: Please explain why you need this assistantship and how it can help you.

Please enter your explanation below in .

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【2010 HMTCF ~ Angel Care ~ Students Assistantship Projects】 Form (C)

Name : (E) _____ Name : (C) _____ Sex : M [] F []

Tel : _____ Email : _____

School, Major, Year, SID : _____

Q : We would like to hear from you about what you think about the aims of our projects ~

Please also tell us about your future plans , goals & dreams ~

I. Aim & History :

In order to help needy university students in the pursuit of knowledge and truth, our V. C. Lady, Angelique Yeh, started these Student Assistantship Projects together with the generous support of various other donors. By providing financial assistance, we hope that students who benefit today will contribute to the society and create a better world in their future.
