

SCHOLARSHIP APPLICATION FORM

SCHOOL OF THE NATIONS
聯 國 學 校



申請日期: _____ (dd / mm / yyyy)

APPLICANT INFORMATION - list all names as recorded in Passport/Birth Certificate

Name of Child:

_____	_____	_____	_____
Last Name	First Name	Middle Name	Preferred Name

Chinese Name (if any): _____ Male Female

Date of Birth: _____ (dd / mm / yyyy) Citizenship: _____
(as recorded in Passports/Birth Certificate)

Residential Address in Macao for Report Cards and Correspondence (update as needed):

Address: _____ Addressee: _____

Telephone Number: Home: _____ Mobile: _____

Note: Please inform the school office if the mailing address is different from the residential address.

1. Number of children in the family: _____ Applicant's ordinal position in the family: _____

2. Does the applicant have any sibling(s) in, or that have been in, SON? Yes No

If yes, please indicate names and grade levels: _____

3. Your child's English reading and writing level: Fluent Good Limited None
(as appropriate to age and grade level)

4. Your child's English speaking level: Fluent Good Limited None
(as appropriate to age and grade level)

5. Major language(s) used at home: a. _____ b. _____

Other languages spoken: _____

6. Has your child participated in advanced level classes (e.g., Gifted and Talented, Gateway, Advanced Mathematics or Writing, etc.)? If yes, please explain.

7. Does your child have any special health concerns, allergies, etc. that the school should be aware of? Please explain or submit documents as needed.

8. Has your child ever been asked to leave school because of any behavioural/ disciplinary problems? If yes, please explain.

9. Does your child have any special talent or interest in:

Band (Instrument?) _____

String (Instrument?) _____

Vocal or Chorus Drama Art Dance Computer

Student Body

Athletics – favourite sport(s) _____

Community Service _____

Other special talent or interests _____

10. Please help us to understand your child's school history by completing the following chart. List all schools your child has attended. Begin with their first year of schooling to present.

- **Column 1** represents the actual years of schooling. Please account for every school year attended. If your child was out of the school for a period of time, please indicate that fact. Allow one line for each year. Note that Column 1 starts with the first year they attended a school but not necessarily 'grade one' as it may have been a preschool.
- In **Column 2**, indicate the name of the school and location.
- In **Column 3**, fill in the academic calendar year for each year they attended school.
- In **Column 4**, indicate their age for the school year shown in Column 1.
- In **Column 5**, indicate the 'name' used to designate that year (e.g., Grade; Form; Year; class; etc.)
- In **Column 6**, indicate the primary language used for instruction.

Column 1	Column 2	Column 3	Column 4	Column 5	Column 6
Year in School	Name of School and Location	Academic Year mm-yyyy to mm-yyyy	Child's Age	Grade, Form, Year or Standard Name	Language of Instruction
1		to			
2		to			
3		to			
4		to			
5		to			
6		to			
7		to			
8		to			
9		to			
10		to			

11. At the back of this form, please have your child write a short essay on why they want to study at the **School of the Nations** including a description of who they are and their most memorable learning experience.

REQUIRED INFORMATION: Provide (print) the name, telephone number and email address of the Head or Principal of your child's current or most recent school. SON reserves the right to contact the previous Head of School directly for further information on a student and/or for clarification of documents submitted.

Head of School: _____ School Name: _____

Telephone Number: _____ Email: _____

PARENT/LEGAL GUARDIAN INFORMATION - list all names as recorded in Passport/Birth Certificate

Father Stepfather Legal Guardian
 Check is **Alumnus** and indicate year(s): _____

Last Name: _____
First Name: _____
Middle Name: _____
Chinese Name (if any): _____
Citizenship (Passport/Birth Certificate) _____
Employer or Organisation: _____
Position: _____
Annual Salary: _____
Please review the Financial Requirement Letter for a listing of all necessary documents
Office Address: _____
Office Phone Number: _____
Cell Phone Number: _____
Email Address: _____

Mother Stepmother Legal Guardian
 Check if **Alumna** and indicate year(s): _____

Last Name: _____
First Name: _____
Middle Name: _____
Chinese Name (if any): _____
Citizenship (Passport/Birth Certificate) _____
Employer or Organisation: _____
Position: _____
Annual Salary: _____
Please review the Financial Requirement Letter for a listing of all necessary documents
Office Address: _____
Office Phone Number: _____
Cell Phone Number: _____
Email Address: _____

EMERGENCY CONTACT INFORMATION

Name: _____
Office Phone: _____
Cell Phone: _____

Address: _____
Home Phone: _____
Email: _____

NOTE AND DECLARATION

1. Please note that the nature of the scholarship is as follows:
 - The scholarships are available to students entering Form 1 in the School of the Nations.
 - The need-based scholarship will cover 50% of the tuition fee.
 - The remaining 50% of tuition and all other school related costs will be borne by the awardee.
 - The scholarships may be enjoyed for six years provided the awardee maintains the appropriate scholastic level and abides by the school rules and regulations.
2. Failure to provide complete and accurate information of any kind on this form will void the application and may result in the student being permanently dropped from the rolls of the School of the Nations after being enrolled.
3. The School of the Nations reserves the right to determine the placement of the applicant in the grade level or subjects deemed most appropriate for the student's experience / performance.
4. It is the parent / guardian's responsibility to inform the school of any changes in status or contact information.
5. By signing this application form, the parent gives permission for the School of the Nations to contact previous schools to request additional information including all academic, medical and psycho educational records, within school policy, as may be required for admission consideration of this applicant.

To the best of my knowledge the information submitted on this form is true and correct.

Signature of Parent/Guardian
Printed Name over Signature

Signature of Parent/Guardian
Printed Name over Signature

Date
(dd / mm / yyyy)

Any and all files submitted as part of the admissions requirement to the School of the Nations automatically becomes the property of the School. The School has the sole discretion whether to disclose, provide, copy or return the same to any party who may so request.