

## CMF Endowment Fellowship Application

### Student Information

Legal Name in Full

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

M.I

Date of Birth

Year/ Month/ Date

\_\_\_\_\_

Gender

Female

Male

Permanent Residence

\_\_\_\_\_

Number, Street, Apartment Number

\_\_\_\_\_

City

\_\_\_\_\_

Province

\_\_\_\_\_

Zip

School Address

( Boarding School)

\_\_\_\_\_

Number, Street, Apartment Number

\_\_\_\_\_

City

\_\_\_\_\_

Province

\_\_\_\_\_

Zip

Home Phone

\_\_\_\_\_

Mobile

\_\_\_\_\_

School Phone

\_\_\_\_\_

Email Address

\_\_\_\_\_

Citizenship 1

\_\_\_\_\_

Citizenship 2

(if relevant)

\_\_\_\_\_

Name and Address of current school

\_\_\_\_\_

Grade as of May 2018

\_\_\_\_\_

Current cumulative GPA

\_\_\_\_\_ on a scale of \_\_\_\_\_

### Parent/Legal Guardian Information

	Contact 1	Contact 2 (Optional)	Contact 3 (Optional)
Last Name			
First Name			
Relationship			
Contact Number			
Employer/ School			
Occupation			

### Reference

	Contact 1	Contact 2 (Optional)
Last Name		
First Name		
Relationship		
Contact Number		
Employer/ School		
Job Title		

I hereby confirm that the information contained in this application is accurate and truthful. We are aware that Children's Medical Foundation holds the right to validate the information through contact with the school I attend or my reference.

Student Signature

\_\_\_\_\_

Parent Signature

\_\_\_\_\_

Relationship

\_\_\_\_\_

Date

\_\_\_\_\_

Date

\_\_\_\_\_

#### Children's Medical Foundation Limited

## Supplemental Information

- 1. List high school activities (student government, sports, publications, school-sponsored community service programs, student-faculty committees, arts, music, etc.). List in descending order of significance. Please list more activities as required.**

High School Activities	Start Date – End Date	Position Held
a.		
b.		
c.		

- 2. List public service and community activities (homeless services, environmental protection/conservation, advocacy activities, work with religious organizations, etc.). Do not repeat items listed previously. List in descending order of significance.**

Type of Work	Organization	Date	Average # of Hours/Week
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- 3. List part-time and full-time jobs & nongovernment internships.**

Type of Work	Employer	Date	Average # of Hours/Week
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- 4. List awards, scholarships, publications or special recognitions you have received. List in descending order of significance.**

Recognition	Year Received
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## Essay Questions

**\*\*\* You are required to provide one of your responses to the follow questions below as a 60 second video. \*\*\***

- 1. Describe one specific example of your leadership.**  
(Limited to 250 words)
  
- 2. Describe your most memorable NGO experience. (As applicable)**  
(Limited to 250 words)
  
- 3. Describe a problem or need of society you want to address when you enter the non-profit sector (If possible, use statistical data to define the magnitude of the problem).**  
(Limited to 250 words)
  
- 4. What is your understanding of Children's Medical Foundation?**  
(Limited to 250 words)
  
- 5. What skills do you aim to learn at CMF's China SRI Endowment Fund Fellowship Program?**  
(Limited to 250 words)
  
- 6. Which University or College do you plan to apply for and why?**  
(Limited to 250 words)
  
- 7. What are your career ambitions?**  
(Limited to 250 words)

## Check-List

- Application**
- Video** (Maximum video size: 250MB in MP4 or MOV format)
- Recommendation Letter**
- High School Transcript**

## Submission Instructions

Please submit the documents listed above per the checklist to the Children's Medical Foundation, email [bonnie.wong@cmf.org.hk](mailto:bonnie.wong@cmf.org.hk). All application received after 30<sup>th</sup> April, 2018 will be considered on a rolling basis.

For further information about CMF Endowment Fellowship please email [bonnie.wong@cmf.org.hk](mailto:bonnie.wong@cmf.org.hk)  
Please allow up to 3 working days for a response.

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### Children's Medical Foundation Limited

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