

Remarks: The application form is only applicable to members of the Hong Kong Air Cadet Corps.

For non-members please visit the official website of GAPAN Hong Kong region at <http://www.gapan.org/hong-kong/youth-flying-scholarships-hong-kong/> for application procedures.

GAPAN FANNY LI YOUTH FLYING SCHOLARSHIP 2014

Please circle the appropriate answer applicable to you:

Are you over 16 years old now YES / NO

Are you a Hong Kong residence YES / NO

Are you living in Hong Kong now YES / NO

Will you be staying in Hong Kong for the whole year YES / NO

Are you able to leave Hong Kong at short notice YES / NO

Will you be able to send this completed form by 31st January YES / NO

Will you be available for flight training this July and August YES / NO

Are you currently applying/enrolled in other aviation course
(If yes, Please state)

Please complete the following to your best knowledge:

1. Do you have any critical or chronicle illness? (If yes, Please state)
E.g. hearts disease, diabetes, high/low blood pressure, aspiratory diseases

2. Do you have any physical disorder? (If yes, Please state)

3. Do you have to wear corrective lens? (If yes, Please state)

4. Have you ever done any Lasik surgery? (If yes, Please state)

5. Do you have any colour blindness? (If yes, Please state)

6. Have you been denied/delayed travel insurance? (If yes, Please state)

7. Have you been denied/delayed any kind of medical? (If yes, Please state)

This application form is only for HKACC members



Guild of Air Pilots and Air Navigators
Fanny Li Youth Flying Scholarship Application Form

Photo
(Mandatory)

Part One: Personal Details

Name (English) as shown in your passport:	Chinese Name:
Your preferred name:	Email address (Mandatory):
Place and Date of Birth:	Age (now): Years Months
HKID no:	Travel Document Type/ no./expiry date:
Education Level Form/Grade/Year:	High School Attended: University Attended:
What subject did you study in College/University?	
Have you ever apply for any GAPAN YFS before? (If Yes, please state): No / Yes	
If Yes, what year(s) and what stage(s) did you get to:	
If you are working now, your company name and work title:	
Home Address:	
Telephone no: Home:	Telephone no: Mobile:

Part Two: State briefly that why do you want to apply for this Flying Scholarship:

Part Three: Academic History

Academic Qualifications e.g.HKCEE/AL(Please attach necessary educational certificate)

Institutions	Qualifications Obtained	Year of Award

Additional Informational:

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Part Four: Declaration

I further confirm that the above information is genuine and accurate. I attach _____ sheets of supplementary information.

Date: _____ Applicant's Signature: _____

Parents/Guardians Signature : _____ Applicant's Unit: _____

Parents/Guardians Name : _____ Applicant's Serial No: _____

Part Five: Recommendation from OC Unit

I hereby recommend (Name) _____ to apply for the GAPAN Fanny Li Youth Flying Scholarship.

Name of OC Unit: _____ Rank: _____ Post: OC (Unit) _____

Date: _____

Please note that late applications will not be accepted.

Please note that application submitted by means other than post / in person will not be processed.

For Official Use

Application received on : _____

Prima Facie eligible : (tick if yes)

Date of examination (if appropriate) : _____

Date of interview (if appropriate) : _____

Shortlisted for final interview : (tick if yes)

Outcome: Unsuccessful / Successful (the applicant is to be awarded the Flying Scholarship)

Checked by :