



Fellowship Application Form

This document is the **Fellowship Application Form**. To apply, fill-in this form and attach the required documents enumerated in the box below. The Office for Student Affairs (OSA) will **NOT** accept applications with incomplete documents. For further inquiries email OSA at: studentaffairs@usj.edu.mo or call: +853 8796 5701.

ATTACH THE FOLLOWING REQUIRED DOCUMENTS IN THIS APPLICATION FORM

- Copy of ID Cards/Passport of all Family members (all in ONE A4 paper)
- Copy of Student card(s) if any of the family member(s) is/are student(s) (all in ONE A4 paper)
- Copy of Transcript of Records for the past Academic Year (Year 1 Students Only)
- Imposto Profissional Pedido de Certidao (previous year) of family members 收益證明書 (from Finance Department)
- Income Statement (full- time and part-time) of the family members from employer(s) for the past 12 months
- Rental or mortgage contract of the applicant's family (for owned property, provide Property Registration Certificate)
- Fellowship Application Letter (Optional)
- Others: _____

INTERVIEW SCHEDULE: _____

Reference No.

ACADEMIC YEAR ____/____

Received by: _____
Date: _____

You are a(n): Local Student International Student

APPLICANT'S INFORMATION

Name				PHOTO 2X2
Gender		Date of Birth		
Marital Status		Place of Birth		
Type of ID		ID Number		
Nationality		Contact number		
Address				

Should there be any recruitment for Student Ambassadors, would you be interested to apply? Yes No

Should there be any Volunteer job requested by USJ, would you be willing to help? Yes No

ACADEMIC BACKGROUND (SECONDARY OR ABOVE)

Name of the school/ institute attended	Country	Period	Qualification Awarded

PROGRAM OF STUDY DETAILS

Level of Program	<input type="checkbox"/> Doctorate	<input type="checkbox"/> Master	<input type="checkbox"/> Licentiate	<input type="checkbox"/> Pre-University
Name of the program			Intake year	
Your USJ Tuition Fees for this year			Student Number	

ALL PROPERTIES OWNED BY THE APPLICANT'S FAMILY IN MACAU AND OVERSEAS*(including housing property, shops, automobiles, ships, etc)*

Item	Owner of the property	Address and registration number

HISTORY AND CURRENT APPLICATION OF FINANCIAL ASSISTANCE/SCHOLARSHIP

Name	School/Institute	Type (Assistance/Scholarship/ Loan)	Funding Organization	Total Amount in the Past Whole Academic Year
Applicant				
Sibling (if any)				

MORTGAGE/RENTAL/LONG TERM ILLNESSES OF THE APPLICANT'S FAMILY

Address of properties (apartment, shop, etc)/ The name of the illness		Monthly Installment/ Rent/Expenses
1		
2		

FINANCIAL STATUS OF THE APPLICANT AND HIS/HER FAMILY MEMBERS

Name	Relationship	Age	Occupation	Total Income in Macau and overseas for the Past 12 Months	Imposto Profissional Pedido de Certidao of last year (上年度收益證明)
Applicant	n/a				
Other Sources of Income in Macau and overseas (business, interest and investment income, rent, training subsidy, social welfare, etc.) *If applicants' parents/guardians are (self-employed, unemployed, retired, disabled, etc), they are required to provide proof that they are financially able to cover all their family's living expenses.					
					n/a
Total					n/a

APPLICANT'S PARENTS OR SIBLINGS NOT LIVING WITH THE APPLICANT

Name	Address	Relationship	Age	Occupation	Annual Income

DECLARATION:

I declare that the information which I have provided on this application form and the additional documents that I submitted relating to the financial aid process is complete, accurate, and true to the best of my knowledge. I also understand that furnishing false information may result in revocation of my financial aid or pursuit to legal actions.

Applicant's signature
Date