



聖若瑟大學
UNIVERSITY OF
SAINT JOSEPH

CPTTM Fashion and Creative Education Scholarship Application Form

This document is the Scholarship Application Form. The Office for Student and Alumni Affairs (OSAA) will NOT accept applications with incomplete documents. For further inquiries email OSA at: studentaffairs@usj.edu.mo or call: +853 8592 5699.

ACADEMIC YEAR ____ / ____

Date: _____

APPLICANT'S INFORMATION				
Name				PHOTO 2X2
Gender		Date of Birth		
Marital Status		Place of Birth		
Type of ID		Macau ID Number		
Nationality		Contact number		
Address				
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		
Specialization		Student Number		

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

