Scholarship Application

Personal Information

Name in English:	Name in Chinese:
Correspondence address:	
Phone:	Email address:
Mobile:	
Academic/Professional Information	
Please list your academic qualifications:	
School(s) Year(s)	
Have you been convicted of any criminal offence (lo	cal or abroad)?
Do you intend to practice in Hong Kong upon graduation?	
Please describe your career interests and goals, and the public.	d your commitment to become a chiropractor to serve



香港執業脊醫協會報

CHIROPRACTIC DOCTORS' ASSOCIATION OF HONG KONG (Ltd.)

www.cda.org.hk

G.P.O. Box 2188 Hong Kong

Tel: 8108-5688

The recipient of the scholarship is required to:

- Become a student member of CDAHK during his/her chiropractic studies (please refer to membership application form at www.cda.org.hk)
- 2. Begin to practice in Hong Kong within 1 year after graduation
- Upon graduation, become an active member of CDAHK, and serve as a subcommittee member of CDAHK to promote chiropractic for 7 years

If the recipient does not complete the above requirement, for any reason within the recipient's control, the scholarship money must be refunded. Failure to fulfill requirements will result in forfeiture, or repayment of scholarship monies.

In order to avoid conflict of interests, and to maintain the integrity of CDAHK, our policy prohibits dual membership in any capacity with any other chiropractic associations within Hong Kong. We offer CDAHK benefits and privileges exclusively to our members.

Declaration

I,, (name) understand the content of this form, and hereby
declare that all the information is true, correct and complete. I understand that if I make a
false declaration, or fail to disclose all information material to my application, my
scholarship could be revoked. Successful applicants must abide to the statutes of the
CDAHK.
Signature: Date :