



漢學發展慈善基金會有限公司

SINOLOGICAL DEVELOPMENT CHARITABLE FOUNDATION LIMITED

## 2025 Greater China In-Person Summer Workshop Program in Chinese Studies

Notes for applicants for:

**Scholar Member / Key Opinion Leader (KOL)**  
**- Self paying**  
(see below details)

1. *Sinological Development Charitable Foundation* (SDCF) offers three options of participation in the 10<sup>th</sup> Greater China Summer Workshop Program in Chinese Studies (the Program) - “Scholar Member in-person”, “Viewer member online” or “Hybrid”. For self-paying Scholar Members or KOLs, attendance can be full-time or part-time. The cost will be \$1,000 HKD (One Thousand Hong Kong Dollars) per day, other expenses for room and board, travel, etc are not included and should be managed and bear by participants themselves. Pricing for university dormitories used by most participants can be requested to us, but you can also book your own accommodation. The schedule is flexible to your own convenience (with the possibility of doing some lectures in person and others online) and no mandatory final group project is required (though is strongly suggested). Certification will be provided without cost according to the activities engaged.

This application form is for self-paying Scholar Member or Key Opinion Leader, either for complete in-person or hybrid format. People applying for scholarship or viewers should fill the appropriate form.

2. The completed and signed application form, together with the following documents, should be submitted to our designated application email address < [application@sinological.org](mailto:application@sinological.org) > **on or before Thursday 3<sup>rd</sup> April, 2025.**

- I. Proof English proficiency and your interest in the Program contents (please refer to the Program Syllabus for details).
- II. A **CV** providing brief details of the applicant’s academic work (maximum three pages).
- III. An **academic transcript** of the applicant’s current or most recent academic studies (for Ph.D. candidate only).
- IV. A photocopy of the first page of the applicant’s foreign **passport**.

3. Please note that SDCF may request the applicant to submit other supporting documents as reference or to assist the screening process, if considered necessary.
4. All information collected in this application form will be used for the screening process conducted by SDCF and other purposes related to the Program only. It might be accessible to committees or persons involved in the screening process and the Program. Records of unsuccessful candidates will be destroyed when no longer required.
5. This application form should be typed in English and signed. Items which are not applicable should be filled with "N/A".



漢學發展慈善基金會有限公司

SINOLOGICAL DEVELOPMENT CHARITABLE FOUNDATION LIMITED

**2025 Greater China In-Person Summer Workshop Program  
in Chinese Studies**

Application Form for Self-paying Scholar Member / Key Opinion Leader

<b>Name</b>		Photo
<b>Title</b>	Mr. / Mrs. / Ms. / Dr. / Professor	
<b>Gender*</b>		
*Optional		
<b>Latest Degree Obtained with Year of Conferment:</b>		
<b>Field of Specialization:</b>		
<b>Institutional Affiliation:</b>		
<b>Department / Unit:</b>		
<b>Position:</b>		
<b>Language Skills (e.g. English, Mandarin, etc.):</b>		
<b>Research / Teaching Experience in Chinese Studies (if any):</b>		
<b>Courses / Conference on Chinese Studies Attended in the Recent Years (if any):</b>		

REQUIRED PERSONAL INFORMATION

<b>Citizenship:</b>	<b>Passport Country:</b>
<b>Passport number:</b>	<b>Passport Expiry Date:</b>
<b>Date of Birth:</b>	<b>Phone Number(s):</b>
<b>Corresponding Address:</b>	
<b>Email Address:</b>	
<b>Other information (e.g. Personal Website):</b>	

**Signature and Undertaking**

I hereby declare that the information provided in this form, as well as those in my supporting documents is **true and correct** to the best of my knowledge.

I understand that my certification will only reflect the actual attendance of lectures, classes and seminars.

I understand that all information submitted to SDCF will be used solely for the screening process conducted by SDCF, and for other purposes related to the Program.

I hereby give my permission to SDCF to video-record/photograph my participation in the Program and exhibit such recordings on SDCF social media as appropriate.

**IMPORTANT: if a participant conceals relevant information (like underlying medical conditions that can affect travelling or study) or makes the organization to incur in expenses that are not used, the SDCF will make the participant to return the money spent on him. Only exception will be an official medical certificate with a reasonable medical condition that justifies the situation. Legal actions can be initiated if the participant refuses to pay.**

I agree with the former conditions.

Signature of Applicant:

Date:

\_\_\_\_\_

\_\_\_\_\_

**Area of Interest in SDCF Syllabus - please select three topics from the online schedule and explain why you wish to focus on them (at least 150 words on each topic):**