



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:

Internships with Scholarship (Half or Full)

(see below details)

1. *Sinological Development Charitable Foundation* (SDCF) offers a few positions as in the 10th Greater China Summer Workshop Program in Chinese Studies (the Program). Interns are expected to help in the organization during the Program; the tasks expected to fulfill will be accorded in an online meeting with the organizers. Interns, according to their experience, will have a full or half scholarship regarding the cost for travels, meals and accommodation. They are expected to be in-person during the entire program. Certification will be provided without cost according to the activities engaged. This application form is for Internships. People applying as scholars 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 > on or before Saturday 19th April, 2025.
 - I. A **video statement** on your reasons for applying to, and the expected benefits you expect from the Program. The video should be uploaded either to a video-sharing platform (e.g., YouTube, Vimeo) or to a cloud storage site (e.g., Dropbox or Google Drive) SDCF will assess both your 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. 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 Internships with Scholarship (Half or Full)

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

REQUIRED PERSONAL INFORMATION

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

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:
