



## NOTICE OF AWARD

**Name of Award:** The Ting Fang Chung Scholarships

**Value:** Annual income

### TERMS

**Year:** Any

**Level:** Undergraduate/Graduate

**FT/PT:** Either

**AVERAGE:** N/A

**ACADEMIC REQUIREMENTS: In any given year, awarded to either**

- A) A student enrolled in a program offered by the Department of East Asian Studies who intends to continue his/her education at a university in China;
- B) A Chinese student resident in China who intends to continue his/her education in the Department of East Asian Studies at the University of Toronto.

This selection will be based on merit and will include an assessment of the candidate's ability to derive optimal benefit from the experience.

**APPLICATION:** Apply to the Department of East Asian Studies, Robarts Library 14087.

**DEADLINE FOR SUBMISSIONS:**

**April 1** to the Department of East Asian Studies

**APPLICATION FORM**  
**THE TING FANG CHUNG SCHOLARSHIP**

**NAME:** \_\_\_\_\_  
(Surname) (Given Names in Full)

**ADDRESS:** \_\_\_\_\_

**TELEPHONE/EMAIL:** \_\_\_\_\_

**STUDENT NO.** \_\_\_\_\_ **FACULTY:** \_\_\_\_\_

<b>UNIVERSITY:</b>	<b>YEAR OF ATTENDANCE:</b>	<b>DEGREE(S) OBTAINED</b>
_____	_____	_____
_____	_____	_____

**INTENDED REGISTRATION IN:** 200\_\_-200\_\_

**NAME OF CHINESE UNIVERSITY:** \_\_\_\_\_

**INTENDED PROGRAM OF STUDY:** \_\_\_\_\_

**SUPPORTING LETTERS TO BE SUBMITTED:** The candidate is responsible for ensuring that letters arrive before the April 1 deadline.

<b>NAME</b>	<b>ADDRESS</b>	<b>POSITION</b>
_____	_____	_____
_____	_____	_____

**INTENDED STUDY PLAN:** (Pls. attach a typewritten description.)

**I hereby certify that all information on this application is correct and complete.**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**Return to:** Program Administrator  
Department of East Asian Studies  
University of Toronto  
130 St. George St., RL14-087  
**ATTENTION: The Ting Fang Chung Scholarship**