Application Number: _____ (*Official use only*)



## Pilot Project on "i-Journey" Scholarship (2024/25)

> ### Recommendation Form
>
> Principal Applicant

**Notes on Completion of this Recommendation Form:**

1. Applicants who are serving school principals should ask their school supervisors to complete and submit this Recommendation Form.

2. This Recommendation Form should be submitted to the Education Bureau (EDB) by post or in person to the following address **on or before 14 February 2025**.

   > School Leadership and Professional Development Section
   > Education Bureau
   > 5/F, East Wing, Central Government Offices
   > 2 Tim Mei Avenue
   > Tamar, Hong Kong
   > (Attn: PO(SLPD)1)

   Please mark *Recommendation Form (Principal) – Pilot Project on "i-Journey" Scholarship (2024/25)* on the envelope. Recommendation Forms submitted in person must reach the above address **on or before 5:00 p.m. on 14 February 2025**. For Recommendation Forms submitted by post, the date of postmark must not be later than **14 February 2025**.

**Section A:     Applicant's Personal Particulars**

Please provide details of the applicant in the table below.

| Name in English | |
|---|---|
| Name in Chinese *(if applicable)* | |


**Section B:     Provision of Comments for the Applicant**

Please provide comments on the applicant.  Please attach additional sheets, if necessary.

| |
|---|
| a)  Please insert a "✓" in the appropriate box. |
| ☐     I **recommend** this applicant and agree to release him/her from duty to attend overseas training and any sharing session(s) for dissemination. |
| ☐     I **do not recommend** this applicant. |
| b)  Please provide overall comments on the applicant's performance in school. |
| |

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|---|
| c) Please insert a "✓" in the appropriate box. |
| ☐ I confirm that this applicant is the principal of my school in the 2024/25 school year. |
| ☐ I confirm that this applicant has no records of professional misconduct and punishment imposed by EDB and/or my school. |

Signature of School Supervisor: _____

Name of School Supervisor:    Mr / Mrs / Ms / Dr* _____

School Name: _____

Telephone Number: _____

Email Address: _____

*(This email address will be used for notification of the application result.)*

Date: _____

\* Please delete as appropriate.

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| School Chop |