

ISACA China Hong Kong Chapter 2022 Scholarship Application Form

(I) <u>Personal Information</u>

Suffix	Mr/ Ms/ Miss/ Mrs (Please circle the appropriate one)	ISACA Membership No.	
First Name		Last Name	
Postal Address			
Email		Phone No.	
University Attending		Faculty	
Major		Academic Year	
Date Attended CISA/CISM Certification Exam		Exam Candidate No.	
Exam Score			

(II) <u>Referee (Provide One Academic Referrer)</u>

Name of Referee	
Position	
Faculty	
University	
Email	
Phone No.	

By signing below and submitting this application form I, ______, confirm that the information I have provided is accurate to the best of my knowledge and that I authorize you to contact the referee provided above for further information.

Date

Signature of the Applicant

Information Systems Audit and Control Association China Hong Kong Chapter

Address: Room 2001, Wellborne Commercial Centre, 8 Java Road, Hong Kong Tel: (852) 2528 3772 Fax: (852) 25200069 http://www.isaca.org.hk



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FOR OFFICE USE

Application Received by:	Date:	
Checked by:	Date:	

Information Systems Audit and Control Association China Hong Kong Chapter