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2623 0034
2623 0431

Church Recommendation Form

Dear Pastor / Elders,

The parents mentioned below have applied to have their child admitted to Hong Kong Adventist Academy. In order for us to make the decision on Adventist scholarship subsidy, please provide us with the best possible information with regards to their church membership and involvement. Thank you.

Name of Student: _____

Birthday (dd/mm/yyyy): _____

Applying Grade: _____

Applicant's Details (Parent):

Name of Father: _____

Are you SDA: **Y / N**

Name of Mother: _____

Are you SDA: **Y / N**

Applicant is baptized (attached baptism certificate) **Y / N**

Church membership (name and address of Adventist congregation): _____

CHURCH INVOLVEMENT (to be completed by a Church Pastor or Elders):

Involvement in church ministries (Specify which ministry) _____ **Y / N**

Regularly attends Church Service **Y / N**

Regularly attends Sabbath School **Y / N**

Please share any other comments you may have about the applicant and/or his or her family:

Name & Signature: _____

Date: _____

Position and Church Organization : _____

Church Stamp: _____

Please fold, staple, and put in the mail, fax to 2623-0431 OR email to bella.tungkir@hkaa.edu.hk. Thank you.

.....Please Fold Here.....

From: _____

Place
Stamp
Here

Hong Kong Adventist Academy
1111 Clear Water Bay Road
Sai Kung, NT

.....Please Fold Here.....