

# HONG KONG AIR CADET CORPS

## AVIATION EDUCATION WING

### MEMO

From : OC G Flt  
Ref : (3) in GS2026  
Date : 20 April 2026

To : All OC Sqn

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### **Amended - Selection Interview for The YCC Glider Scholarships 2026**

Previous memo ref: (2) in GS2026 refers, please see the amended details of the selection interview of The YCC Glider Scholarships 2026 as follows (**bold** in attendance list), both group discussion and individual interview will be held on the same date,

Date: 26 April 2026 (Sunday)  
Time: 1000 – 1200 hrs (Group Discussion)  
1300 – 1700 hrs (Individual Interview)  
(Please refer to Appendix I for the sequence of Group Interview)  
Venue: Room 101, HQ HKACC, Wan Chai  
(Waiting Room: Room 304)  
Dress Code: No.2A Routine Working Dress Uniform  
Format: Group Discussion and Individual Interview

Points to note for all interviewees:

1. All interviewees are reminded to arrive **10 minutes before** the scheduled start time.
2. Please bring along **original copy of duly signed Appendix II** (parent's signature required for interviewees below 18 years old).
3. Successful candidates from group discussion of the selection interview will be immediately invited to attend the individual interview which will be held on the same date.

For further enquiries please feel free to contact the undersigned at [hkacc.gflt@gmail.com](mailto:hkacc.gflt@gmail.com).

Carrie KWONG  
Flt Lt  
OC Glider Flight

Encl.  
c.c. All OC Major Units, All Interviewees of GS2026

**Start Time for Applicants of The YCC Glider Scholarships 2026**

	<b>Unit</b>	<b>Rank</b>	<b>Name</b>	<b>Time</b>
1	6010	OT	HOE Joel Immanuel	1010 hrs
2	404	Cpl	NG Yan Kiu	
3	507	Cpl	LEE Pui Hin	
4	507	Cpl	CHIU Yau Yeung	
5	C	Cpl	WONG Edeyrn Arthur	
6	402	BC	FUNG Tsz Yan	
7	402	FS	LUI Wai Fung	1045 hrs
8	C	Sgt	CHUNG Shuk Yee	
<b>9</b>	<b>507</b>	<b>Cpl</b>	<b><u>LEE Sze Man</u></b>	
10	404	LCpl	LEUNG Pok Hong	
11	507	RC	Pradhan Samantha Simran	1115 hrs
12	606	Sgt	LAU Yu Ching	
13	507	Cpl	MENSAH Emmanuel Nana Kwadjo	
14	507	Cpl	CHIU Yau Chun	
15	AT Wing	LCpl	YIU Yui-hin	
16	507	RC	WONG Elim	

\* All candidates are reminded to arrive **10 minutes before** the scheduled start time.

**Declarations (Signed by both applicants and parents/guardians for cadets under 18 years old)**

I have read, understand, and am willing to comply with the Rules and Regulations for the application of The YCC Glider Scholarships 2026 (*“the Rules”*) issued by Officer Commanding Glider Flight.

I hereby undertake that if being selected for the Operation Swift Glider Aviator Scholarships, I shall pay for the full cost of the training if and upon required. I fully understand that the reimbursement of scholarship to me by Hong Kong Air Cadet Corps (*“the Corps”*) will be solely upon the successful achievement of the Glider Aviator Wing in *the Corps* and full compliance with *the Rules*.

I understand that at times I/my child may be unaccompanied, and participation in gliding activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my child to participate in the activities. I also understand that participation in the activities is entirely voluntary and requires participants to abide by applicable rules and regulations and the standards of conduct. I hereby indemnify *the Corps* or any other organizations associated with the activities from any and all claims or liability arising out of this participation.

In case of emergency involving my child, I understand that every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the officers/instructors to secure proper treatment, including hospitalization, anaesthesia, surgery, or injections of medication. Medical providers are authorized to disclose to the officers/instructors examination findings, test results, and treatments provided for purposes of medical evaluation of the participant, follow-up and communication with the participant’s parents or guardians, and/or determination of the participant’s ability to continue in the activities.

Name of Applicant \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

Name of Parent/Guardian\* \_\_\_\_\_

Signature of Parent/Guardian\* \_\_\_\_\_

Date \_\_\_\_\_

\*Applicable if the applicant is under 18 years old as at the date of application.

**Emergency Contact**

Name \_\_\_\_\_ Relationship with Applicant \_\_\_\_\_

Contact Number \_\_\_\_\_