Application Form for Grantham Maintenance Grants (GMG) 2017/18
Tenable at Secondary Schools approved by the Education Bureau/
Hong Kong Institute of Vocational Education (HKIVE) and
Youth College (YC) under the auspice of the Vocational Training Council

Reference No. (For Official Use)									
				/		/			

WARNING

This application must be completed FULLY and TRUTHFULLY. Any misrepresentation or concealment of facts may lead to disqualification of application and/or full recovery of financial assistance already granted by the Grantham Scholarships Fund Committee (Committee), and possible prosecution by the Police. Applicants are reminded that it is an offence to obtain property/pecuniary advantage by deception. Any person who does so commits an offence and is liable, on conviction, to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

Please read the Grantham Maintenance Grants 2017/18 Guidance Notes on Applications (Guidance Notes) carefully before completing this form and complete relevant parts in BLOCK letters using <u>black or blue ball pen</u>. Completed application form together with copies of documentary evidence should be returned <u>on or before 22 September 2017 via the School/Institute which the student is attending</u>, to the Secretary of the Committee on 34/F., Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.

Queen's Road East, Wan Chai, Hong Kong.								
Part I Particulars of Stude	ent							School/Institute's Certification (Completed by School/Institute and with School/Institute Chop)
1. Name of Student (As shown on HKID Card) English Name 2. HKID Card No. (Please attach a copy at Annex 1) Alpha Numeric If "*" or "***" is shown on the HKID Card, please circle the "Y" box on the right — Y 3. Name of School/Institute (in English) 4. Address of School/Institute							I confirm that the student is a bona fide full-time student of this school/institute attending: Secondary/Senior Secondary(For Education Bureau approved secondary school students) or (Year of Study)/(Course Code) (For HKIVE and YC Students) in the 2017/18 academic year.	
(in English)							<u> </u>	Signature of Head of School/ Department:
5. Class/Year (Note: Repeaters will n	not be consider	red except unde	1	rcumstances.) 		1 1	
(a) Class/Year attended in the Academic Year 2016/17	A	B	C	D		E	F	School/Institute Chop:
(Please circle the appropriate box)	S3	SS1/S4 For Education	SS2/S5 Bureau approved	SS3/S6		Year 1 For HK	Year 2 KIVE and	
a) a) a		secondary s	chool students				Students	
(b) Class/Year attended in the Academic Year 2017/18 (Please circle the appropriate box)	G SS1/S4	H SS2/S5	I SS3/S6		J Year 1	K Year 2	L Year 3	
(rease energial appropriate cont)	For Educ	cation Bureau a	approved			VE and YC		Date:
Secondary school students 6. Has the Student-applicant applied for financial assistance schemes for primary or secondary students for 2017/18 from the Student Finance Office (SFO) (Please circle the appropriate box: Y-yes; N-no) If yes, please state the SFO's application number, skip Parts II to VII and complete Part VIII. The SFO's application number: If no, please continue to complete Parts II to VIII and provide relevant documents as required.								
Dout II Discourtion our Avec	ud ussamn	aandad by f	ha Sahaal/In	a4:44a (: f	annliaahl	(a)		
Part II Discretionary Award recommended by the School/Institute (if applicable) 7. If the Head of School/Department/Social Worker, on the basis of the reasons stated below, considers the applicant has special financial hardship and recommend the award of the Grants to the applicant discretionarily, please circle the "Y" box on the right Reasons: (Please use additional sheet if necessary) Name of Head of School/Department/Social Worker: Signature of Head of School/Department/Social Worker: Date:								

Part III Particulars of A	applicant and his/her Spouse				
8. Name of Applicant					
(As shown on HKID Card)	English			Name in (if appli	n Chinese icable)
9. Applicant's HKID Card No.)			,
(Please attach a copy at Annex	x 1) Alpha Numeric	1			
10. Relationship with Student	M Father N Mother	O Others			
	box. If the applicant is not the parent of the studion is not submitted by the student's parent.)	lent-applicant, please giv	ve a written expla	nation	
	ouse has deceased/the applicant and his/her spouse has occuments with specification on the date of decease/divo				
12. Name of Spouse					
(As shown on HKID Card)	English Name			Name in (if appli	n Chinese icable)
13. Spouse's HKID Card No.)			
(Please attach a copy at Anne	ex 1) Alpha Numeric				
14. Applicant's Residential Addres	ss				
15. Applicant's Phone No.	Residential: D.	aytime Contact:	Mo	obile Phone:	
Part IV Particulars of O	Other Family Members				
	with the Family (Position as of September 2017)				
		Present	Status (Please circ	ele the appropriate	e box)
Name (Excluding the Student-Applicant)	HKID Card No. (Please attach a copy at Annex 1)	Studying (Exclude part-time studies)	Employed	Just Graduated#	Unemployed/ Others
	Alpha Numeric	studies)			
(a)		Р	Q	R	S
(b)		P	Q	R	s
(c)		P	Q	R	
(d)		Р	Q	R	S
(e)		Р	Q	R	S
		#If the child has just 2016/17, please circle the student ID card.			
17. Dependent Parent (Should no definition of "Dependent Parer receipt of the home for the eld	ot be a recipient of the Comprehensive Social Securi ent". Please also provide supporting documents for de	ty Assistance (CSSA)) (Inpendence of the parents in	Please refer to Par including tenancy	ragraph 5.4 of the agreement, reside	e Guidance Notes for ential address proof or
receipt of the nome for the eld	any, etc.)	Stat	tus (Please circle th	ne appropriate box	x)
		at leas	t 6 months during		
		Residing with the applicant's family	Resided in premi or rented by the or his/her sp	ses owned applicant pa	ided in an elderly home the expenses were fully aid by the applicant or /her spouse <u>OR</u> totally orted by the applicant or his/her spouse
Name of Applicant's Parent(s)	HKID Card No.				morner apouse
Name of Applicant's Falent(s)	(Please attach a copy at Annex 1)				
	Alpha Numeric	į ,	1		, ,
(a)		Т	U		V
(b)		Т	U		V
Name of Spouse's Parent(s)	Alpha Numeric				
(a)		Т	U		V
(b)			U		V
				」	

(1) Please provide information family member(s) during the					 office telephone number and total annual income and those of your sheet if necessary. 		
(2) If you/your family membe					ker during the period aforementioned, please specify the status and		
relevant duration. (3) If your spouse had decease	d, you and your spous	e had divorced/s	separated or vour	spouse had re	ceived CSSA during part or the entire period aforementioned, please		
provide supporting docume	ents with specification of	on the date.		_			
					I income earned during the assessment period and follow point 6 of ase refer to Paragraphs 5.5 & 5.9 of the Guidance Notes and provide		
details of the family income	e by completing Annex	2. For such c	ases, the SFO res	serves the right	to apply benchmark figures on the basis of the statistical information		
provided by relevant gover Applicant and	nment departments, sue Occupation		Name of Orga		sess your income and those of your family member(s).		
Family Members	(Please state the		Office To		Total Annual Income * (\$) For Official Use		
(a) Applicant							
Name:							
(b) Spouse							
Name:							
(c) Unmarried child residing with the family (if applicable)							
Name:							
(d) Unmarried child residing							
with the family (if applicable) Name:							
(e) Unmarried child residing							
with the family (if applicable)							
Name:							
	Contribution from children not residing	Rental Income of property, land,	Interest from	Alimony/Pen (Excluding the	widow's &		
(f) Other Incomes	together, relatives or friends	carpark, vehicle or vessel	investments, fixed deposit	sum retireme gratuity)	nt children's compensation Others		
(if applicable) (\$)	Hends	or vesser		gratuity)			
*Including salary/wage/bonus/allowa					and contribution by employee).		
(Please refer to Paragraph 5.5 of the	duidance Notes for detail	ed definition of 1	Total Allilual Ilicolli				
Part VI Comprehensiv Disability Allowance	e Social Security	Assistance (CSSA): Excl	uding Old A	age Allowance/Old Age Living Allowance/		
19. If the student-applicant is rec	eiving CSSA from the	Social Welfare I	Department (SW)	D), please circl	e the "Y" box on the right Y *		
20. If any other family members	are receiving CSSA fro	om the SWD nlo	ease circle the "Y	" hox on the ri	ght Y *		
	_	_			number below and attach documentary proofs such as the		
notification letter or the Certif				SSA Telefelice	number below and attach documentary proofs such as the		
Name(s) of the family member(s)	Effective d	ate	CSSA refer	ence no.	Attention: (1) The student-applicant must not be in receipt of CSSA in his/her own		
(a)					name or under the applicant's family. (2) If the applicant/any family member(s) received CSSA during the period from 1 April 2016 to 31 March		
(-)					2017, please provide the relevant documents. (3) If the student-applicant has		
(b)					successfully applied for CSSA after submitting this application, please inform the SFO as soon as practicable.		
D AMI OIL C 11		•					
Part VII Other Special	Family Informat	10 n					
* *	21. If the applicant has filled in any unmarried child in Part IV who is <u>not</u> a self-bearing child, please specify his/her name below, give written explanation separately to state the reasons for declaring him/her as family member, provide relevant documents and circle the "Y" box on the right ————————————————————————————————————						
22 If the 1' 1	:-1 <i>c</i> : · · · · · · · · · · · · · · · · · ·	/I ' ·		- f - C '1			
					nembers who are <u>chronically ill or permanently</u> hronic illness, relevant duration, medical expenses Y		
Part VIII Declaration							
		1 02:0 = :					
I have read and fully understood					plete and accurate. The dependent parent(s) claimed by me in this		

Family Income (1 April 2016 to 31 March 2017)

18. Family Income

information provided in this application, and/or in my or my spouse's application for other financial assistance schemes administered by the SFO (if applicable) and may conduct investigation on my application. The SFO may make adjustments to the assistance level/amount of financial assistance granted based on the findings of the investigation. Any misrepresentation, concealment of facts, provision of misleading or false information or intentional obstruction of the SFO staff in the

application fulfill the criteria as stipulated in the Guidance Notes (if applicable).

of the investigation. Any misrepresentation, concealment of facts, provision of misleading or false information or intentional obstruction of the SFO staff in the course of investigation will lead to disqualification of my application, restitution in full of the assistance granted and possible prosecution.

I give consent to the Committee, the SFO and its authorised bodies to process my application and use the personal data provided in connection with this application

I understand and consent that the Committee will assess the eligibility of and assistance amount to be granted to my family under the GMG Scheme based on the

form in accordance with Section 3 of the Guidance Notes and to liaise with related parties to verify and disclose the information provided by me.

4. I am authorised by all the family members listed in this application form to give consent and hereby give consent on their behalf to the Committee, the SFO and its authorised bodies to access such family members' personal data in accordance with Section 3 of Guidance Notes and to liaise with related parties to verify and

disclose the information pro	vided in this application form					
disclose the information provided in this application form. This Declaration shall be governed by and constructed in accordance with the laws of the HKSAR. I and the HKSAR Government shall irrevocably submit to the limited jurisdiction of the Courts of HK. I have read the provisions of this declaration carefully and fully understand my obligations and liabilities under this declaration.						
Date :	Signature of Applicant:					
	(This part must be duly signed by the applicant as provided in Part III/student-applicant's parent/guardian (if Part III is skipped). Otherwise, the application will not be processed.)					
Part IX Checklist						
Attention: It is the responsibility of the appl assess the eligibility for and the let the other financial assistance sch processing.	icants to complete the application form fully and truthfully and to provide all the supporting documents. The Committee/the SFO will evel of financial assistance to be granted based on the information provided by the applicants in this application and/or the application for emes administered by the SFO. Insufficient information/misrepresentation of facts will render the application disqualified for further					
Please check the following items	carefully. Put a "\" for the completed tasks and a "X" for any items not applicable.					
Personal Identification						
1. Copies of the HKID Card of the a	pplicant, his/her spouse, the student-applicant and all other members mentioned in this form affixed onto Annex 1.					
2. A copy of the student's valid tra	vel document for students whose HKID Card bear the symbol "C" (Conditional Stay).					
of Identity for Visa Purposes, On	, please attach copies of other valid identity documents, e.g. Hong Kong Birth Certificate, Hong Kong Re-entry Permit, Document e-way Permit, Mainland Identity Card, etc.					
For student-applicants who are Family Background	not successful in applying for financial assistance from the SFO —					
	by of the supporting document such as the divorce certificate, death certificate or report of the missing persons.					
5. For applicant who is not the par	rent of the student-applicant, written explanation on why the application is not submitted by the parent.					
	proof of the total income earned by the applicant/applicant's spouse/unmarried children residing with the family for the period 2017 in accordance with the requirements listed below:					
(a) Salaried employed person	 Tax Demand Note issued by the Inland Revenue Department; if not available Employer's Return of Remuneration and Pensions Form; if not available Salary Statement; if not available Bank transaction record showing payment of salary, allowance, etc. (together with the page showing the name of bank account holder) (Please highlight the entries with colour and remarks. For any entries other than income, please also make necessary remarks next to them or else the SFO may include the amount as part of the family income); if not available Income Certificate certified by the employer (See Annex 3), etc. 					
(b) Self-employed vehicle driver, sole proprietor or partner of partnership business	 Profit and Loss Account verified by a Certified Public Accountant; if not available Profit and Loss Account prepared on your own (See Annex 4) and Personal Assessment Notice (if applicable). 					
(c) Salaried employed or self-employed person (except category (b) above) who canno produce any income proofs	Please follow Annex 2 to provide Self-prepared Income Breakdown detailing the monthly income throughout the year and explaining why income proof cannot be produced. (The SFO reserves the right to decide whether applications from those applicants who cannot provide reasonable justification for not producing income proof would be accepted.)					
(d) Person with rental income	 Tenancy Agreement; if not available Bank transaction record showing rental income (together with the page showing the name of bank account holder) (Please highlight the entries with colour and remarks. For any entries other than income, please also make necessary remarks next to them, or else the SFO may include the amount in calculating family income). 					
Medical Expenses of Chronic Do 7. For family members (including medical expenses incurred:	seases geopendent parents) who are chronically ill or permanently incapacitated, the following documents are required as proof for any					
(a) Medical Report	Medical History/Report for the period 1 April 2016 to 31 March 2017 (Please list the details)					
(b) Proofs of Medical Expenses	Proofs for Medical Expenses (such as medical receipts), showing the items and amount for the period 1 April 2016 to 31 March 2017					
	For Official Use					

附表 Annex

1

香港身份證副本 / 郵寄地址 Copies of Hong Kong Identity Cards / Mailing Address

A. 請把學生、申請人及/或配偶及所有在第四部份所填報家庭成員的<u>香港身份證副本</u>貼在下面及後頁適當的空格內。

(如申請學生香港身份證上有「<math>C」字標記(有條件限制居留),申請學生必須同時附上有效旅行證件副本一份。)

(如沒有香港身份證,請來附其他有效的身份證明文件副本,如香港出世紙、回港證、簽證身份書、單程證、中華人民共和國居民身份證等。)

Please paste the <u>HKID Card copies</u> of the student-applicant, the applicant and / or the applicant's spouse and all the family members listed in Part IV in the appropriate spaces below and overleaf:

(Please attach a copy of the student's valid travel document for students whose HKID Card bear the symbol "C" (Conditional Stay).)

(If the HKID Card is not available, please attach copies of other valid identity documents, e.g. Hong Kong Birth Certificate, Hong Kong Re-entry Permit, Document of Identity for Visa Purposes, One-way Permit, Mainland Identity Card, etc.)

申請人 **Applicant**

香港身份證副本 Copy of the HKID Card

申請人配偶 Spouse of the Applicant

香港身份證副本 Copy of the HKID Card

申請人 Applicant

配偶 Spouse

申請學生 Student-applicant

香港身份證副本 Copy of the HKID Card

申請學生 Student-applicant

家庭成員 Family Member

香港身份證副本 Copy of the HKID Card

家庭成員 Family Member

B. 申請人郵寄地址 Applicant's Mailing Address

(請以正楷填寫本回條 Please complete this address-slip in BLOCK LETTERS)

姓名 Name:	姓名 Name:	姓名 Name:
地址 Address:	地址 Address:	
		- <u></u> -

家庭成員 Family Member

香港身份證副本 Copy of the HKID Card

家庭成員 Family Member

家庭成員 Family Member

香港身份證副本 Copy of the HKID Card

家庭成員 Family Member

家庭成員 Family Member

香港身份證副本 Copy of the HKID Card

家庭成員 Family Member

家庭成員 Family Member

香港身份證副本 Copy of the HKID Card

家庭成員 Family Member

家庭成員 Family Member

香港身份證副本 Copy of the HKID Card

家庭成員 Family Member

家庭成員 Family Member

香港身份證副本 Copy of the HKID Card

家庭成員 Family Member

附表 Annex

收入自述書

Self-prepared Income Breakdown

(適用於未能提供收入證明的小販、三行工人、裝修工人、地盤雜工、散工、清潔工人等。)
(For applicants who cannot provide income proofs such as hawker, construction worker, renovation worker, causal worker, cleaner.) 管告/WARNING
申請人必須詳實填妥申請書。如有虛報或隱瞞事實,葛量共獎學基金委員會可能會取消申請人的申請資格及/或要求申請人全數歸還已發給的資助金額,更可能將事件轉交警方檢控。申請人須主意,根據盗竊罪條例(香港法例第210章),任何人士以欺騙手段取得財產/金錢利益,即屬違法,一經定罪,最高可被判監禁十年。
This application must be completed FULLY and TRUTHFULLY. Any misrepresentation or concealment of facts may lead to disqualification of application and / or full recovery of financial assistance already granted by the Grantham Scholarships Fund Committee, and possible prosecution by the Police. Applicants are reminded that it is an offence to obtain property / pecuniary advantage by decention. Any person who does so commits an offence and is liable on conviction to imprisonment

pecuniary advantage by for a maximum of 10 ye	<u>ars</u> under the Theft Ordinance, Chapter 210.	an offence and is <u>liable on, conviction to, imprisonment</u>
	. (必須填寫下列 所有 (Please fill in <u>all</u> of the follor	_項目) wing items)
(每份收入自述書只可		
	關係: # 申請人 / 申請人配偶 / 申請人子 s family member and the applicant : # Applicant / S	
行業(例:建造業) Nature of Industry (e.g. Cons職位(例:三行工人)	:	
Actual Income (Please fill	受約數, 請填報實際收入, 如該月份 薪而該筆收入是在4月份工作赚取日 in actual figure . If you do not have any inco	沒有收入,請填上\$0,切勿漏空任何月份。 約,應填在4月份的空格內,如此類推。) me in a specific month, please fill in \$0. Do not leave if the payment date of your salary for April is in May,
	amount in the month of April, etc.)	y me payment date of your suitary for right to the fixey,
2016 4月 April : HK\$	9月 September : HK\$	2017 1月 January : HK\$
5月 May : HK\$ 6月 : June : HK\$	10月 October : HK\$ 11月 : November : HK\$	2月 February : HK\$ 3月 : March : HK\$
7月 July HK\$ 8月 August HK\$	12月 December : HK\$	
全年合共 Total Annual Income 支取薪金方法(請圈以	: HK\$ 〈下適當方格,可選擇多項) cle the appropriate item. More than one item may	be selected)
A 現金/現金支票 By Cash / Cash cheque		
B By Cheque / Direct Cre	登明,並 <u>在其他存入金額旁說明入數來源,</u> edit (please provide a copy of the transaction record together wi	用顯示戶口持有人姓名的一頁,並用顏色筆圈出薪金的項目 否則本處或會將該筆款項納入家庭收入計算。) th the page showing the name of the bank account holder, <u>circle the entries and highligh</u> the necessary remarks next to them, or else the SFO may include the amount as part of
未能提供收入證明文 Reason for not being able to p	件的原因(<i>請圈以下適當方格)</i> rovide income proof <i>(Please circle the appropriate</i> er	box)
前受僱的公司已倒] 閉,未能向前僱主索取證明文件及沒	有其他收入證明。 proof from the ex-employer and do not have any other income
其他,請註明: Others, please specify:		
聲明:本人謹此聲明 Declaration: I declare that th 從事上述行業的家庭成員	,以上資料均屬完整真確。 he above information is true and complete.	:
申請人姓名 Name of Applicant	申請人香	F港身份證號碼 of Applicant

日期

Date

申請人簽名

Signature of Applicant

收入證明書 INCOME CERTIFICATE

(適用於受薪行業<u>而沒法提供</u>糧單、薪俸稅單、領取薪金的銀行自動轉賬紀錄或 其他收入證明的申請人/申請人配偶/同住未婚子女)

(For applicants, applicants' spouses or unmarried children residing with the family who <u>cannot</u> produce Salary Statement, Salaries Tax Demand Note, Bank Statement showing autopayment of salaries or other income proofs)

第一部 Part I		国人資料(此欄田 <u>甲請人</u> pplicant and Applicant (To	、		
	學校/學院名稱 Name of School/Institute				
	學生姓名	_		班 級	
	Name of Student 申請人姓名 Name of Applicant		Relation	Class 與學生關係 nship with Student	
第二部 Part II	Particulars of Income of	f Applicant / Applicant's S	Spouse / Unmarried Child(ren	<i>請人配偶 / 同住未婚子女[#]僱</i>) Residing with the Family [#] (To b (ren) Residing with the Family [#])	be
		收入證明書 IN	COME CERTIFICA	TE	
茲證明_	(香	港身份證號碼)乃受僱於本公	司,職位是	•
在 2016	年 4 月 1 日 至 2017	年 3 月 31 日期間(如2	不足十二個月,請註明受	僱日期: <u>年 月 日3</u>	<u> </u>
年	<u>] 日</u>),其總薪金(旬	型括津貼、佣金、花紅	、雙糧、假期工資等其他	也收入(包括香港、內地及海夕	卜),但不
包括僱員	資強積金供款 / 公積金	供款)的全年總和為港	幣	(本處不接受約數,請填報實際	收入)
This is to	certify that	(HKID Card No) is employed	by this company as	·
His / Her	total salary (including al	lowance, commission, bor	nus, double pay, leave pay ar	nd other income (including Hong	Kong, the
Mainland	and overseas), but exclu	uding Mandatory Provide	nt Fund / Provident Fund co	ontribution by employee, in actu	al figure)
during the	period from 1 April 201	6 to 31 March 2017 please	e specify the exact employmen	nt period within the above-mentio	ned period
if it was le	ess than 12 months: <u>from</u>	ı to) is *HK\$	·	
僱主簽名 Signature	of Employer :		公司蓋章 Company Chop	: ,	
僱主姓名 Name of I			聯絡電話 Telephone No.	:	
公司地址 Company					
日期 Data					
Date 心注意: 本	·		 『話。如有删改/塗改,請僱』	ナ <i>ナ</i> -	
(Note: The o		ate must bear the company ch		EAL 方加東。) employer. Employer's initial is requi	red against

#請刪除不適用者。 Please delete the inappropriate sentence.

* Please specify the currency if salary paid is not in Hong Kong dollars.

(適用於的士司機 / 貨車司機 / 小巴司機等自僱人士) (For self-employed taxi driver / lorry driver / minibus driver etc.)

(適用於經營業務人士(包括獨資經營 / 合夥業務) (For person running business (including sole proprietorship / partnership business))

	經營下述公司的家庭成員姓名 (東主)
從事下述職業的家庭成員姓名	Name of family member running the following company (Owner) :
Name of family member engaged in the following business :	公司名稱 Company name :
	業務性質
的士司機 / 貨車司機 / 小巴司機 (請圈一項) Faxi driver / Lorry driver / Minibus driver (please circle)	Nature of business : 公司地址
axi diivei / Loiry diivei / Millious diivei (picase chele)	Company address :
事子 / 和事司機 / / / / / / / / / / / / / / / / / / /	獨資或合夥
車主 / 租車司機 (請圈一項) Vehicle owner / Vehicle lessee (please circle)	Sole proprietorship or partnership (如屬合夥,請說明利潤分配比率,如合夥(50%))
(pictise circle)	(If it is a partnership, please specify the profit sharing ratio, e.g. Partnership (50%))
牌照編號 (車主適用) License number (for vehicle owner only) :	營業損益表 / Profit & Loss Account 由 2016年4月1日至 2017年3月31日/ From 1 st April 2016 to 31 st March 2017
營業損益表 / Profit & Loss Account	(A)總收益 / Gross Income (HK\$) \$
由 2016年4月1日至 2017年3月31日 From 1 st April 2016 to 31 st March 2017	支出項目 / Expenditure (HK\$)
收入項目 / <u>Income</u> (HK\$)	(以下所有支出均屬經營生意支出,不應包括家庭開支) (The following are all running costs of the company and should not cover any household expenses.)
	購貨成本 / Cost on purchasing merchandise \$
组金(只適用於車主) Rent (for vehicle owner only)	水費 / Water charges \$
	電費 / Electricity charges \$
自營業務之收益	
Profit from operating business \$	煤氣費 / Gas charges \$
其他(請註明)	電話費 / Telephone charges \$
Others (please specify) \$	租金及差的 / Rent and rates \$
	其他僱員薪金(下述'#'者除外) / Salary of employees other than those marked '#'below \$
營業總收入 / Total Income \$	運輸費 / Transportation costs \$
	交通費 / Traveling expenses \$
支出項目 / Expenditure (HK\$)	保險費 / Insurance premium \$
不包括車輛按揭金額)(excluding vehicle mortgages)	
第1及2項適用於租車司機,第2至5項適用於車主)	機器維修費/ Fees for repair and maintenance of machinery \$ 其他(請註明) / Others (please specify) \$
1 & 2 are applicable to vehicle lessee, 2 to 5 are applicable to vehicle owner)	共同(時正内) / Outers (picase specify) ———————————————————————————————————
	其他支出項 / Other Expenditure (HK\$)
. 租車支出 / Vehicle rental fee \$	****
2. 燃油費 / Fuel charges \$	*東主在此公司支取的薪金 Salary of owner paid by this company \$
	*其他家庭成員 ⁸ 在此公司支取的薪金
B. 保險 / Insurance premium \$	Salary of other family member paid by this company \$
. 維修 / Maintenance fee \$	(⁸ 姓名 / Name:)
5. 牌費 / Licence fees \$	(B) 總支出 / Total Expenditure (HK\$) \$
· /rrg / Electrice recs	家庭收入= [(A) 總收益-(B) 總支出]*+申請人/配偶/同住未婚子女在此公司的薪金*
5. 其他(請註明) / Others (please specify) \$	
	Household Income = [(A) Gross Income – (B) Total Expenditure]* + Salary of applicant / spouse / unmarried children residing with the family paid by this company #
營業總支出 / Total Expenditure \$	oposite / animatica chinateri restang with the family paid by any company w
爭盈利 (即總收入 — 總支出)	= HK\$
Net profit (Total Income – Total Expenditure) \$	*若公司總收益少於總支出(即(A)<(B)),營業虧損不可由家庭總收入中扣除。 If Cross Jacobs is less than Total Expanditure (i.e. (A) (D)) havings less cornect be
	If Gross Income is less than Total Expenditure (i.e. (A)<(B)), business loss cannot be deducted from the gross household income.
備註(未能提供收入證明文件的原因):	備註(未能提供收入證明文件的原因):
Remark (reason for not being able to provide income proof):	Remark (reason for not being able to provide income proof):
//	
從事上述職業的家庭成員簽名(如非 申請人)	
Signature of family member engaged in the above business (if not the applicant)	東主簽名 (如非申請人) Signature of Owner (if not the applicant) :
申請人姓名 Name of Applicant :	申請人姓名 Name of Applicant :
申請人香港身份證號碼 HKID No. of Applicant :	申請人香港身份證號碼 HKID No. of Applicant :
申請人簽名 Signature of Applicant :	申請人簽名 Signature of Applicant :
日期	日期
Date :	Date :

GRANTHAM MAINTENANCE GRANTS 2017/18 GUIDANCE NOTES ON APPLICATIONS

1. Grantham Maintenance Grants

The Grantham Maintenance Grants, a scheme under the Grantham Scholarships Fund, aim to provide assistance to students who are in financial need as assessed under a means test, in the form of maintenance grants.

2. Eligibility

- 2.1 The student is eligible if he / she is pursuing any one of the following full-time courses of study:
 - (a) a secondary day school approved by the Education Bureau i.e. Senior Secondary 1 / Secondary 4 to Senior Secondary
 - 3 / Secondary 6;
 - (b) the following courses of the Hong Kong Institute of Vocational Education and Youth College under the auspice of the Vocational Training Council:

Course Code	Course Title	Course Code	Course Title
FS113321	Diploma in Vocational Education (Business)	FS113322	Diploma in Vocational Education (Hairdressing)
FS113323	Diploma in Vocational Education (Computeraided Product Engineering)	FS113324	Diploma in Vocational Education (Mechanical Engineering)
FS113327	Diploma in Vocational Education (Print Media)	FS113328	Diploma in Vocational Education (Digital Electronics Technology)
FS113329	Diploma in Vocational Education (Building Services Engineering)	FS113331	Diploma in Vocational Education (Fashion Textile Design and Merchandising)
FS113332	Diploma in Vocational Education (Automotive Technology)	FS113333	Diploma in Vocational Education (Beauty Care)
FS113334	Diploma in Vocational Education (Jewellery Arts and Design)	FS113341	Diploma in Vocational Education (Information Technology)
FS113343	Diploma in Vocational Education (Gas Services Engineering)	FS113344	Diploma in Vocational Education (Electrical Engineering)
FS113346	Diploma in Vocational Education (Fitness and Sports Studies)	FS113347	Diploma in Vocational Education (Watch and Clock)
FS113351	Diploma of Vocational Education (Business)	FS113352	Diploma of Vocational Education (Hairdressing)
FS113353	Diploma of Vocational Education (Computer- aided Product Engineering)	FS113354	Diploma of Vocational Education (Mechanical Engineering)
FS113357	Diploma of Vocational Education (Print Media)	FS113358	Diploma of Vocational Education (Digital Electronics Technology)
FS113359	Diploma of Vocational Education (Building Services Engineering)	FS113361	Diploma of Vocational Education (Fashion Textile Design and Merchandising)
FS113362	Diploma of Vocational Education (Automotive Technology)	FS113363	Diploma of Vocational Education (Beauty Care)
FS113364	Diploma of Vocational Education (Jewellery Arts and Design)	FS113371	Diploma of Vocational Education (Information Technology)
FS113373	Diploma of Vocational Education (Gas Services Engineering)	FS113374	Diploma of Vocational Education (Electrical Engineering)
FS113376	Diploma of Vocational Education (Fitness and Sports Studies)	FS113377	Diploma of Vocational Education (Watch and Clock)

- 2.2 The student must be a Hong Kong resident who is not in receipt of the Comprehensive Social Security Assistance (CSSA) in his / her own name or as a member under the applicant's family. However, the holder of the Grantham Maintenance Grants may receive other forms of financial assistance provided that the aggregate amount of financial assistance received is not excessive.
- 2.3 The applicant must be financially in need as assessed under a means test. He / She must be a parent of the student. If both parents have deceased or are unable to exercise their guardianship, the applicant must be the guardian who supports the student. Written explanation on why the application is not made by parents of the student must be provided.
- 2.4 Assessment of eligibility:
 - The mechanism for assessment of eligibility (Adjusted Family Income (AFI) mechanism) adopted by the Student Finance Office (SFO) will form the basis of assessing the applicant's financial needs.
 - The Grantham Scholarships Fund Committee (Committee) with the assistance of the SFO will assess the financial needs
 of the applicant's family based on the information provided in this application and / or in the applicant's / the spouse's

- application for other financial assistance schemes administered by the SFO.
- 2.5 Students who are repeaters will not be considered for this application except under very exceptional circumstances.

3. <u>Provision / Handling of Personal Data</u>

- 3.1 It is the responsibility of the applicants to complete the application form fully and truthfully and to provide all supporting documents. Insufficient information / misrepresentation of facts will render the application disqualified for further processing.
- 3.2 The Committee / the SFO will use the personal data in the application and any supplementary information provided on the request of the SFO for the following purposes:
 - Activities relating to the processing and authentication of the application;
 - Activities relating to the recovery of overpayments, if any;
 - Activities relating to the matching of personal data provided against other databases of the SFO and Social Welfare Department as may be required;
 - Statistics and research purposes; and
 - Processing of applications related to other student financial assistance schemes administered by the Committee / the SFO / its agents / other relevant government bureaux / departments.
- 3.3 The personal data and the supplementary information provided may be disclosed to government bureaux / departments, related schools / institute or organisations for the purposes stated in Sub-section 3.2 above; or where the applicant has given consent to such disclosure; or where such disclosure is authorised or required by law. If necessary, the Committee / the SFO will seek additional information from the applicant, contact other government bureaux / departments and organisations, including the employers of the family members and based on the findings, make adjustments if necessary to the grant. Any willful misrepresentation and concealment of facts revealed will lead to disqualification, restitution of the grant paid in full and possible prosecution by the Police.
- 3.4 All documents submitted are not returnable. However, in accordance with Sections 18 & 22 and Principle 6 of Schedule 1 of the Personal Data (Privacy) Ordinance (Chapter 486 of the Laws of the Hong Kong Special Administrative Region), the applicant has the right to obtain, access and make corrections to the personal data in the application. He / she can also obtain copies of his / her personal data subject to the payment of necessary administrative charges. Such request should be addressed to the Secretary of the Committee:

34/F, Wu Chung House,

213 Queen's Road East,

Wan Chai, Hong Kong

3.5 Applicants who do not wish to submit the required photocopies of the HKID Cards or other personal data via the school / institute may present them in person by making an appointment with the Committee by phone before the deadline for submission of the applications.

4. Application Procedure and Payments of Grants

- 4.1 The completed application form should be <u>signed by the School Principal / Head of Department of Institute with School / Institute chop and returned together with the copies of documentary proofs, through the Head of School / Department of Institute, on or before 22 September 2017 to the Secretary of the Committee on 34/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.</u>
- 4.2 The Committee will notify the students the results of the applications via their Schools / Institutes in mid-2018. Schools / Institutes will then assist in arranging payments of the grants to successful grantees.
- 4.3 If the student transfers to a school / an institute and / or course of study other than that indicated in the application form in the year of application, he / she must report the change at once to the Secretary of the Committee; otherwise, his / her application will be considered null and void.
- 4.4 Students awarded with the grants may be required to refund the amount they received if they fail to complete the course. Grants are not renewable. Successful grantees who wish to continue to receive grants next year must re-apply.
- 4.5 If there is overpayment due to error of calculation or assessment, applicants are liable to refund the overpaid amount.

5. How to Complete the Application Form

WARNING

This application must be completed FULLY and TRUTHFULLY. Any misrepresentation or concealment of facts may lead to disqualification of application and / or full recovery of financial assistance already granted by the Committee, and possible prosecution by the Police. Applicants are reminded that it is an offence to obtain property / pecuniary advantage by deception. Any person who does so commits an offence and is <u>liable on, conviction to, imprisonment for a maximum of 10 years</u> under the Theft Ordinance, Chapter 210.

5.1 Application form should be completed in block letters using <u>black or blue ball pen</u>. The following points should be carefully studied before completing every item of the form.

5.2 Part I Particulars of Student

• Items 1 & 2: The Name and HKID Card No. of the student should be provided. Please fill in the HKID Card No. with reference to the following example and copy of the student's identity document should be affixed onto Annex 1. If "*"

- or "***" is shown on the HKID Card, please circle the "Y" box on the right.
- Items 3 & 4: The Name and address of the School / Institute in English should be provided.
- Item 5: The appropriate box should be circled. For example, if the student-applicant attended Senior Secondary 1 / Secondary 4 in 2016/17 and is going to be promoted to Senior Secondary 2 / Secondary 5 in 2017/18, the information should be provided as shown below:

Part I Particulars of Stud	lent		School/Institute's Certification (Completed by School/Institute and with School/Institute Chop)
1. Name of Student C H	A N S I U M A N		I confirm that the student is a bona fide full-time student of this school/institute attending:
(As shown on HKID Card) English	Name		mentate attending.
2. HKID Card No.	1 2 3 4 5 6 (7)	陳小文 9876 5432	Secondary/Senior Secondary (For Education Bureau approved secondary school students) or
(Please attach a copy at Annex 1) Alpha	Numeric	Name in Chinese (if applicable) Telephone No.	secondary school students) of
If "*" or "***" is shown on the HI	KID Card, please circle the "Y" box on the right		(Year of Study)/ (Course Code)
3. Name of School/Institute	SHAM SHUI PO SECONDARY SCHOOL		(For HKIVE and YC Students)
(in English)			in the 2017/18 academic year.
4. Address of School/Institute	123 CHEUNG SHA WAN ROAD, SHAM SHU	I PO, KOWLOON.	Signature of Head of School/ Department:
(in English)			
5. Class/Year (Note: Repeaters wil	Il not be considered except under very special circu	umstances.)	
(a) Class/Year attended in the Academic Year 2016/17	$ \begin{array}{c cccc} A & B & C & D \\ SS1 & SS2/ & SS3/ \end{array} $	E F	
(Please circle the appropriate box)	S3 /S4 S5 S6	Year 1 Year 2	School / Institute Chop:
	For Education Bureau approved	For HKIVE and YC	
	secondary school students	Students	
(b) Class/Year attended in the Academic Year 2017/18 (Please circle the appropriate box)	G SS1/ S4 S52 S3/ S6	J K L Year 1 Year 2 Year 3	
(stand one appropriate box)	For Education Bureau		Date:
	approved	For HKIVE and YC Students	
	secondary school students		

• If student-applicant has applied for financial assistance for primary / secondary students for 2017/18 from the SFO, applicants need NOT complete Parts II to VII. They can directly go to Part VIII for completion.

5.3 Part III Particulars of Applicant and his / her Spouse

- Items 8-9, 11 & 12-13: The English and Chinese name(s) (if applicable) and HKID Card No. of the Applicant / Spouse as shown on the HKID Card should be provided. Copy of their identity documents should be affixed onto Annex 1. The HKID Card No. should be filled in with reference to the following example. If neither the applicant nor his / her spouse possesses a Hong Kong Identity Card, the number of the identity document and a copy of the document, such as the Hong Kong Birth Certificate, Hong Kong Re-entry Permit, Document of Identity for Visa Purpose, One-way Permit or Mainland Identity Card should be provided. If the applicant's spouse has deceased, the applicant and his / her spouse have divorced or separated, please leave items 12 & 13 blank, provide relevant supporting documents with specification on the date of decease / divorce / separation and circle the "Y" box for item 11.
- Item 10: The appropriate box should be circled to indicate the relationship between the applicant and the student-applicant. If the applicant is not the parent of the student-applicant, written explanation on why the application is not submitted by the student's parent should be provided separately.
- Items 14 & 15: The residential address and phone no. of the applicant should be provided.

- 101110 11 0 101 1110	residential address and phone here it the applicant enough so provided.				
Part III Particulars of Applic	Part III Particulars of Applicant and his/her Spouse				
8. Name of Applicant	C H A N T A I M I N G	陳大明			
(As shown on HKID Card)	English Numeric	Name in Chinese			
9. Applicant's HKID Card No.	A 2 3 4 5 6 7 (8)	(if applicable)			
(Please attach a copy at Annex 1)	Alpha Numeric				
10. Relationship with Student	M Father N Mother O Others				
(Please circle the appropriate box. If t	he applicant is not the parent of the student-applicant, please give a written explanation separately				
on why the application is not submitted	by the student's parent.)				
1 11 1	as deceased/the applicant and his/her spouse have divorced or separated, please leave items no. 12 a ents with specification on the date of decease/divorce/separation and circle the "Y" box on the right	· V			
12. Name of Spouse	W O N G L A I	黄麗			
(As shown on HKID Card)	English Name	Name in Chinese			

Part III Particulars of Applicant and his/her Spouse						
13. Spouse's HKID Card No.	B 1 2 3 4 5 6 (7)	(if applicable)				
(Please attach a copy at Annex 1)	Alpha Numeric					
14. Applicant's Residential Address	ROOM 1000, LOK TIN HOUSE, TIN LOK ESTATE, SHAM SHUI PO, KOWLOON.					
15. Applicant's Phone No.	Residential: 1234 5678 Daytime Conta	act: 3123 4567 Mobile Phone: 3123 4567				

5.4 Part IV Particulars of Other Family Members

- Item 16: The data of any other unmarried children living with the applicant should be provided as appropriate (position as of <u>September 2017</u>), and the appropriate boxes should be circled to indicate their present status as shown in the following example. Copy of their identity documents should be affixed onto Annex 1. If the child has just graduated from school in the 2016/17 academic year, please circle the box under "Just Graduated" and provide a copy of the graduation certificate or the student ID card.
- Item 17: The data of the parent(s) who are dependent on the applicant should be provided and the appropriate box circled to indicate the status of their dependency as shown in the following example. Copy of their identity document(s) should be affixed onto Annex 1, and the relevant documents submitted as proofs. Dependent parent means any of the applicant's parents, including in-laws, who is not in receipt of CSSA at the time of submission of application (excluding Old Age Allowance / Old Age Living Allowance / Disability Allowance). They must, throughout the normal assessment year (1 April 2016 to 31 March 2017), not in employment and meet any one of the following conditions for at least 6 months -
- (a) resided with the applicant's family; or
- (b) resided in premises owned or rented by the applicant or his / her spouse; or
- (c) resided in an elderly home and the expenses were fully paid by the applicant or his / her spouse <u>OR</u> totally supported by the applicant or his / her spouse.

Remarks: Applicant or his / her spouse should continue to support their parent in the 2017/18 school year and the form of support should be similar to that in the year of assessment. Besides, as the number of family members may affect directly the level of assistance the applicant's family is eligible for, please send the completed application form together with documentary proof for supporting the parents (e.g. tenancy agreement, residential address proof or receipt of the home for the elderly, etc.) to the Secretary of the Committee.

with documentary proof for supporting the parents (e.g. tenancy agreement, residential address proof or receipt of the home for the elderly, etc.) to the Secretary of the Committee.							
Part IV Particulars of Other Family Members							
16. Unmarried Children Residing	with the Family (Position as of September 2017)						
		Present Status (Please circle the appropriate box)					
Name (Excluding the Student- Applicant)	HKID Card No. (Please attach a copy at Annex 1)	Studying (Exclude part-time studies)	Employed Just G	raduated# Unemployed / Others			
	Alpha Numeric	ĺ					
(a) CHAN SIU TIN (b) CHAN SIU FU	A 6 5 4 3 2 1 (0) A 5 4 3 2 1 5 (2)	P P	Q Q	R S S			
(c) CHAN SIU WA	A 8 7 6 5 4 3 (1)	Р		R			
		#If the child has just 2016/17, please circle the student ID card.	graduated from school/i e box and provide a copy	nstitute in the academic year of the graduation certificate or			
	ot be a recipient of the Comprehensive Social Securent". Please also provide supporting documents for dc.)						
		Stat	us (Please circle the appro	priate box)			
		at least	t 6 months during 1.4.2016	to 31.3.2017			
		Residing with the applicant's family	Resided in premises own or rented by the applica or his/her spouse				
Name of Applicant's Parent(s)	HKID Card No. (Please attach a copy at Annex 1)						
(a) CHAN HEI LOK (b)	Alpha Numeric A 7 1 2 3 4 5 (6)	T	U	v v			
Name of Spouse's Parent(s) (a)	Alpha Numeric	Т	U	V			

(b) () T U V	(b)		()	T	U	
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5.5 Part V Family Income

• Item 18: Information of the family members' employment and their respective annual incomes, if applicable, for the 12 months during the period from 1 April 2016 to 31 March 2017 should be provided with relevant documentary proofs. Reference can be made to the example below. If applicants cannot provide any income proof for special reasons, please notify the SFO in writing, providing justifiable reasons and the detailed calculation of income by completing Annex 2. Applicant should also sign on the explanatory letter personally. Otherwise, the SFO may need to make adjustments and apply benchmark figures (based on statistical information provided by the relevant government departments, such as the Census and Statistics Department) to assess the income of applicants and their family members. If necessary, the SFO may require the applicants to provide documentary proof of items which is not listed below or seek further clarification for amounts that were used for maintaining the living of family but have not been accounted for in the application such as savings, loans, and may request the applicants to produce documentary proof including bank savings records, duly signed declaration from the debtor, etc. In case no valid proof is provided, the amounts for maintaining the living of the family may be taken as part of the family income. Other incomes received by the family under item (f) Other Incomes should be listed out.

Part V Family Income (1 April 2016 to 31 March 2017)								
18. Family Income								
	provide information on your employment including your occupation, name of organisation, office telephone number and total annual income and those of your family							
	eriod from 1 April 2016 to 31 March 2017. Please use additional sheet if necessary.							
(2) If you/your family member(s) has retired/was unem	ployed or was a ho	ousewife/a part-t	ime worker dur	ing the	period aforement	ioned, plea	ase specify the status and relevant
duration.								
(3) If your spouse had deceased,	you and your spouse h	ad divorced/separat	ed or your spous	se had received	CSSA d	uring part or the	entire perio	od aforementioned, please provide
supporting documents with s	pecification on the date.	•						
								riod and follow point 6 of Part IX
								Notes and provide details of the
								l information provided by relevant
government departments, suc	th as the Census and Sta	tistics Department	to assess your in	come and those	of your	family member(s).	
Applicant and	Occupa	tion	Name of Org	ganisation &	Tote	Total Annual Income * (\$)		For Official Use
Family Members	(Please state t	he period)	Office 7	Γel. No.	100	ai Aimuai meon	ic (\$)	For Official Ose
(a) Applicant	4 (1.4.2016.)	21.0.2016)	ARGG					
**	Accountant (1.4.2016 to		ABC Company		l i	1 1 1 1	1 1	
Name: CHAN TAI MING	Name: CHAN TAI MING Retired (with effect from 1.9.2016)		(Tel: 1111 1111)		1 2 0 0 0 0			
(b) Spouse	Housewife (1.4.2016 to	31.8.2016)	ABC Café					
Name: WONG LAI	Part-time Cashier (1.9.2016 to 31.3.2017)		(Tel: 2123 4567)		9 0 0 0			
(c) Unmarried child residing	_							
with the family (if applicable) Unemployed (1.4.2016 to Construction site worker			Casual Worker					
Name: CHAN SIU WA	(1.1.2017 to 31.3.2017)				3 5 0 0 0			
	(1.1.2017 to 31.3.2017)					3 3 0 0	0	
(d) Unmarried child residing								
with the family (if applicable)					,		1 1	
Name:								
(e) Unmarried child residing								
with the family (if applicable)								
Name:								
ranic.								
	Contribution from	Rental Income of		Alimony/Pen	sion			
(f) Other Incomes	children not residing	property, land,	Interest from	(Excluding the		Widow's &		
(if applicable) (\$)	together, relatives or	carpark, vehicle	investments,	sum retirem		children's	Others	
V II	friends	or vessel	fixed deposit	gratuity)		compensation		
	12,000	7,000	3,200	1,000				

Types of incomes that are to be reported and those which are not to be reported are listed for your reference:

*Including salary/wage/bonus/allowance/part-time income (excluding Mandatory Provident Fund (MPF)/Provident Fund contribution by employee).

(Please refer to Paragraph 5.5 of the Guidance Notes for detailed definition of "Total Annual Income")

	Items to be reported		Items need not be reported
1	Salary (including the salary of applicant, applicant's spouse and	1	Old Age Allowance / Old Age Living
	student-applicant's unmarried sibling(s) residing with the applicant for		Allowance
	full-time, part-time or temporary jobs, excluding MPF / Provident Fund		
	contribution by employee)		
2	Double pay / Leave pay	2	Disability Allowance
3	Allowance (including overtime work / living / housing or rent / transport /	3	Long service payment / Contract gratuity
	meals / education / shift allowance, etc.)		
4	Bonus / Commission / Tips	4	Severance pay

	Items to be reported		Items need not be reported
5	Wages in lieu of notice of dismissal	5	Loans
6	Business profits and other income earned by means of self employment,	6	Lump sum retirement gratuity /
	such as hawking, driving taxis / minibuses / lorries, and fees for		Provident Fund
	services rendered, etc.		
7	Alimony	7	Inheritance
8	Contributions from any person(s) not residing with the applicant's family	8	Charity donations
	to any of the applicant's family member(s) (including money or		
	contribution for housing / remittance(s) / contribution for mortgage		
	repayment / rent / water / electricity / gas or other living expenses)		
9	Interests from fixed deposits, stocks, shares & bonds, etc.	9	Comprehensive Social Security
			Assistance
10	Rental income of property, land, carpark, vehicle or vessel (including	10	Retraining allowance / Work Incentive
	Hong Kong, the Mainland and Overseas)		Transport Subsidy / Low-income
			Working Family Allowance
11	Monthly pension / Widow's & Children's Compensation	11	Insurance / Accident / Injury indemnity
		12	MPF / Provident Fund contribution by
			employee

5.6 Part VI Comprehensive Social Security Assistance (CSSA): Excluding Old Age Allowance / Old Age Living / Disability Allowance

- Item 19: If the student-applicant is receiving CSSA in his / her own name or as a member under the applicant's family, please circle the "Y" box on the right and the application will not be considered. Otherwise, please leave the part blank.
- Item 20: If any other family members are receiving CSSA, the "Y" box should be circled as appropriate and the names of the family members who are in receipt of CSSA, the effective date and the reference no. should be provided. Reference can be made to the following example. Relevant documents should be attached as proof, such as the notification letter or the Certificate of Medical Waiver for CSSA recipients. Otherwise, please leave the part blank.
- If the applicant / any other family member(s) were CSSA recipients during the period from <u>1 April 2016 to 31 March 2017</u>, please provide the relevant documents. If the student-applicant has successfully applied for CSSA after submitting the application form, this should be reported to the SFO as soon as practicable.

Part VI Comprehensive Social Security Assistance (CSSA): Excluding Old Age Allowance/Old Age Living Allowance/Disability Allowance							
19. If the student-applicant is receiving CSSA from the Social Welfare Department (SWD), please circle the "Y" box on the right							
20. If any other family members are receiving CSSA from the SWD, please circle the "Y" box on the right							
Name(s) of the family member(s)	Effective date	CSSA reference no.	Attention: (1) The student-applicant must not be in receipt of CSSA in his/her own				
(a) CHAN HEI LOK	1.4.2016 – 30.4.2017	CW1-C-11111	name or under the applicant's family. (2) If the applicant/any fam member(s) received CSSA during the period from 1 April 2016 to March 2017, please provide the relevant documents. (3) If the stude				
(b)			applicant has successfully applied for CSSA after submitting this application, please inform the SFO as soon as practicable.				

5.7 Part VII Other Special Family Information

- Items 21 & 22: Other special family information which the applicant wishes to provide for the Committee's special consideration should be detailed in Part VII with relevant documentary proof. Reference can be made to the following example. The box(es) "Y" should be circled as appropriate and written explanation should be provided separately. Otherwise, please leave the part blank.
- If applicant has incurred medical expenses for family members (for family members who are chronically ill or permanently incapacitated) during the period from 1 April 2016 to 31 March 2017, he / she may state details of the situation in Part VII of the application form. Applicant should provide relevant medical certificate(s) and receipt(s) issued by the hospital / clinics / registered practitioners to the SFO for consideration of deduction such expenses (the ceiling of deductible amount for each family member is \$20,230 per year in 2017/18).

Part VII Other Special Family Information





5.8

- The paragraphs should be read through carefully. If the applicant fully understands and agrees to the content of the declaration, he / she should sign and fill in the date in the space provided. The one who signs the application form should be the applicant provided in Part III of the form.
- If the applicant has applied for financial assistance for primary or secondary students for 2017/18 from the SFO and hence needs not complete Part III, the one who signs Part VIII of the form should be the parent of the student-applicant, or the guardian when the former is not available.

5.9 Part IX Checklist

- The checklists should be read through to ensure that copies of the relevant documents have been provided as attachments to this form. Annexes 1-4 will facilitate the applicant to provide relevant documentary proof for assessment.
- Annex 1 Copies of HKID Cards / Mailing Address: The copies of the HKID Cards of all the family members the
 applicant has mentioned in this form should be pasted. The applicant's mailing address should be put down in the
 space provided.
- Annex 2 Self-prepared Income Breakdown: If the applicant / applicant's spouse / unmarried children residing with the family are self-employed (except those described in Annex 4), or have no fixed income, and cannot produce any income proofs, Annex 2 should be filled in.
- Annex 3 Income Certificate: If the applicant / applicant's spouse / unmarried children residing with the family are salaried but cannot produce Salary Statement, Salaries Tax Demand Note, Bank Statement showing autopayment of salaries or other income proofs, this form should be completed. The applicant may make copy of the form if more than one income certificate are necessary.
- Annex 4 Profit and Loss Account: If the applicant / applicant's spouse / unmarried children residing with the family are self-employed vehicle driver, sole proprietor or partner of partnership business, Annex 4 should be completed.

6. Enquiries

Enquiries on application for the Grantham Maintenance Grants should be addressed to the Secretary of the Committee on 34/F., Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.

Office Hours: Monday to Friday 8:45 a.m. to 1:00 p.m. and 2:00 p.m. to 5:30 p.m.

Telephone Enquiry Hotline: 3718 6888

Website Address: http://www.wfsfaa.gov.hk/sfo/en/other/grantsloans/grantham/9.1.10.ht

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Important Notes

- Failure to produce relevant documents without good reasons may lead to rejection of the application.
- All applications and documents submitted are not returnable. Applicants are advised to make their own copies for retention, if necessary.
- Applicants who do not wish to submit the required photocopies of the HKID Cards via the School / Institute may present them in person by making an appointment with the Committee by phone before the deadline for submission of their applications.

Grantham Scholarships Fund Committee July 2017