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 **black or blue ball pen**. Completed application form together with copies of documentary evidence should be returned **on or before 22 September 2017 via the School/Institute which the student is attending**, to the Secretary of the Committee on 34/F., Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.

Part I Particulars of Student

1. Name of Student ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐
(As shown on HKID Card) English Name

2. HKID Card No. ☐☐ ☐☐☐☐☐☐ ( )
(Please attach a copy at Annex 1) Alpha Numeric Name in Chinese (if applicable) Telephone No.

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 _____
(in English) _____

5. Class/Year (Note: Repeaters will not be considered except under very special circumstances.)

(a) Class/Year attended in the Academic Year 2016/17 (Please circle the appropriate box)

A	B	C	D	E	F
S3	SS1/S4	SS2/S5	SS3/S6	Year 1	Year 2
For Education Bureau approved secondary school students				For HKIVE and YC Students	

(b) Class/Year attended in the Academic Year 2017/18 (Please circle the appropriate box)

G	H	I	J	K	L
SS1/S4	SS2/S5	SS3/S6	Year 1	Year 2	Year 3
For Education Bureau approved secondary school students			For HKIVE and YC 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) ---------- Y N

If yes, please state the SFO's application number, skip Parts II to VII and complete Part VIII.
The SFO's application number: ---------- 2017 ☐☐☐☐☐☐☐

If no, please continue to complete Parts II to VIII and provide relevant documents as required.

School/Institute's Certification (Completed by School/Institute and with School/Institute Chop)

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.

Signature of Head of School/ Department:

School/Institute Chop:

Date:

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 ---------- Y

Reasons: _____

_____

(Please use additional sheet if necessary)

Name of Head of School/Department/Social Worker: _____ Contact Phone No.: _____

Signature of Head of School/Department/Social Worker: _____ Date: _____

Part III Particulars of Applicant and his/her Spouse

8. Name of Applicant

(As shown on HKID Card) English

Name in Chinese (if applicable)

9. Applicant's HKID Card No.

(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 the 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.)

11. Spouse: If the applicant's spouse has deceased/the applicant and his/her spouse have divorced or separated, please leave items no. 12 and 13 blank, provide relevant supporting documents with specification on the date of decease/divorce/separation and circle the "Y" box on the right ---------- Y

12. Name of Spouse

(As shown on HKID Card) English Name

Name in Chinese (if applicable)

13. Spouse's HKID Card No.

(Please attach a copy at Annex 1) Alpha Numeric ( )

14. Applicant's Residential Address

15. Applicant's Phone No. Residential: Daytime Contact: Mobile Phone:

Part IV Particulars of Other Family Members

16. Unmarried Children Residing with the Family (Position as of **September 2017**)

Name (Excluding the Student-Applicant)	HKID Card No. **(Please attach a copy at Annex 1)**	Present Status (Please circle the appropriate box)			
		Studying (Exclude part-time studies)	Employed	Just Graduated#	Unemployed/ Others
	Alpha Numeric				
(a)	( )	P	Q	R	S
(b)	( )	P	Q	R	S
(c)	( )	P	Q	R	S
(d)	( )	P	Q	R	S
(e)	( )	P	Q	R	S

#If the child has just graduated from school/institute in the academic year 2016/17, please circle the box and provide a copy of the graduation certificate or the student ID card.

17. Dependent Parent (Should not be a recipient of the Comprehensive Social Security Assistance (CSSA)) (Please refer to Paragraph 5.4 of the Guidance Notes for definition of "Dependent Parent". Please also provide supporting documents for dependence of the parents including tenancy agreement, residential address proof or receipt of the home for the elderly, etc.)

		Status (Please circle the appropriate box) at least 6 months during 1.4.2016 to 31.3.2017		
		Residing with the applicant's family	Resided in premises owned or rented by the applicant or his/her spouse	Resided in an elderly home and the expenses were fully paid by the applicant or his/her spouse OR totally supported by the applicant or his/her spouse
Name of Applicant's Parent(s)	HKID Card No. **(Please attach a copy at Annex 1)** Alpha Numeric			
(a)	( )	T	U	V
(b)	( )	T	U	V
Name of Spouse's Parent(s)	Alpha Numeric			
(a)	( )	T	U	V
(b)	( )	T	U	V

Part V Family Income (1 April 2016 to 31 March 2017)

18. Family Income

(1) Please provide information on your employment including your occupation, name of organisation, office telephone number and total annual income and those of your family member(s) during the period from 1 April 2016 to 31 March 2017. Please use additional sheet if necessary.

(2) If you/your family member(s) has retired/was unemployed or was a housewife/a part-time worker during the period aforementioned, please specify the status and relevant duration.

(3) If your spouse had deceased, you and your spouse had divorced/separated or your spouse had received CSSA during part or the entire period aforementioned, please provide supporting documents with specification on the date.

(4) Please submit the application form together with the relevant documentary proofs on the annual income earned during the assessment period and follow point 6 of Part IX "Checklist" in submitting the proofs. If no documentary evidence can be provided, please refer to Paragraphs 5.5 & 5.9 of the Guidance Notes and provide details of the family income by completing Annex 2. For such cases, the SFO reserves the right to apply benchmark figures on the basis of the statistical information provided by relevant government departments, such as the Census and Statistics Department to assess your income and those of your family member(s).

Applicant and Family Members	Occupation (Please state the period)	Name of Organisation & Office Tel. No.	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:				

(f) Other Incomes (if applicable) ($)	Contribution from children not residing together, relatives or friends	Rental Income of property, land, carpark, vehicle or vessel	Interest from investments, fixed deposit	Alimony/Pension (Excluding the lump sum retirement gratuity)	Widow's & children's compensation	Others	

*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")

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 ---------- Y *

20. If any other family members are receiving CSSA from the SWD, please circle the "Y" box on the right ---------- Y *

* Please specify the name(s) of the family member(s), the effective date and the CSSA reference number below and attach documentary proofs such as the notification letter or the Certificate of Medical Waiver for CSSA recipients.

Name(s) of the family member(s)	Effective date	CSSA reference no.
(a)		
(b)		

Attention:
(1) The student-applicant must not be in receipt of CSSA in his/her own 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 successfully applied for CSSA after submitting this application, please inform the SFO as soon as practicable.

Part VII Other Special Family Information

21. If the applicant has filled in any unmarried child in Part IV who is **not** 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 ---------- Y

22. If the applicant has any special financial hardship/has incurred medical expenses for family members who are **chronically ill or permanently incapacitated**, please give written explanation separately to state the nature of incapacity or chronic illness, relevant duration, medical expenses incurred, provide relevant supporting documents and circle the "Y" box on the right ---------- Y

Part VIII Declaration

I have read and fully understood the Guidance Notes on the GMG Scheme. I declare that:

1. The information in this application and the supporting documents provided by me are true, complete and accurate. The dependent parent(s) claimed by me in this application fulfill the criteria as stipulated in the Guidance Notes (if applicable).
2. 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 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 course of investigation will lead to disqualification of my application, restitution in full of the assistance granted and possible prosecution.
3. 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 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 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 applicants to complete the application form fully and truthfully and to provide all the supporting documents. The Committee/the SFO will assess the eligibility for and the level of financial assistance to be granted based on the information provided by the applicants in this application and/or the application for the other financial assistance schemes administered by the SFO. Insufficient information/misrepresentation of facts will render the application disqualified for further processing.

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 applicant, 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 travel document for students whose HKID Card bear the symbol "C" (Conditional Stay). ☐

3. 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. ☐

For student-applicants who are not successful in applying for financial assistance from the SFO －

Family Background

4. For single-parent families, a copy of the supporting document such as the divorce certificate, death certificate or report of the missing persons. ☐

5. For applicant who is not the parent of the student-applicant, written explanation on why the application is not submitted by the parent. ☐

Income Certificates

6. Please submit the documentary proof of the total income earned by the applicant/applicant's spouse/unmarried children residing with the family for the period from 1 April 2016 to 31 March 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 cannot 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 Diseases

7. For family members (including dependent parents) who are chronically ill or permanently incapacitated, the following documents are required as proof for any medical expenses incurred:

(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	☐

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