

If applicable

## Student Finance Office Working Family and Student Financial Assistance Agency

## Tertiary Student Finance Scheme — Publicly-funded Programmes

	<b>Application for Review</b>	against Rejection	
Important Notes			
1. This form is only applica	able for review against rejection of app	olication due to omission of information	under the Tertiary
Student Finance Scheme	e — Publicly-funded Programmes (7	TSFS). It is NOT for review of applications.	cation result under
TSFS or Financial Assis	tance Scheme for Post-secondary Stud	dents (FASP).	
2. Application for review	against rejection should be submitted	ed within three weeks from the date	of rejection letter.
Otherwise, it will not be	accepted.		
3. If the application under	TSFS or FASP of an applicant's sibl	ing has also been rejected, his/her app	lication for review
against rejection will al	so be processed by the Student Fin	ance Office (SFO) of the Working Fa	amily and Student
Financial Assistance Age	•		
4. Applications can be sub-	mitted by one of the following ways:		
(i) Through "SFO E-link	(ii) Via Dron-in Roy	(iii) By Mail	(iv) By Fax
- My Applications" <sup>1</sup>	11/F or G/F Cheung Sha Wan	Student Finance Office,	2519 8512 or
https://ess.wfsfaa.gov.hk/	Government Offices,	Working Family and Student	2802 4431
	303 Cheung Sha Wan Road,	Financial Assistance Agency,	
	Kowloon	11/F Cheung Sha Wan Government	
	[Drop-in Box of Student Finance	Offices,	
	Office at the reception hall of	303 Cheung Sha Wan Road,	
	11/F or at the lift lobby of G/F]	Kowloon	
•	* *	s with supplementary information, plea	se write your name
-	page to avoid mislaying of documents		
6. For enquiries, please cor	ntact 2152 9000 or 2150 6024 during	office hours.	
A. Personal Particulars			
1. Applicant			
Name:		HKID No.:	( )
Ivallic.		TIKID No	()
Date of Rejection Letter:	Contact N	o.:	
2. * Applicant's Sibling	whose TSFS/FASP application has a	also been rejected	
N		III/ID N	
Name:		HKID No.:	()
Date of Rejection Letter:	Contact N		
Date of Rejection Letter	Contact N	0	
B. Declaration			
		n form is turn and complete	
	rmation provided in this applicatio		
(Note: All information provi	ded in this form must be true and co	mplete. Any misrepresentation may l	lead to rejection of
the application for review.)			
Signature of Annligar	· · ·	Data	
Signature of Applical	ıt:	Date:	
*Signature of Applicant's Sibling:		Date:	

<sup>&</sup>lt;sup>1</sup> Applicable to applicants whose TSFS applications in 2023/24 were rejected due to omission. Applicants whose TSFS / FASP applications in other academic year(s) were rejected due to omission should use paper-based review application form.

C. Justification for review
Please state clearly the relevant reasons for the application for review, with proof if applicable, for the consideration by
the Review Sub-Committee (e.g. the reasons for the omission / understatement, any special family hardship).
According to the Guidance Notes of TSFS, if an applicant failed to report/provide the required information/supporting document(s) in the TSFS application form at the time of submitting the application, and the information/supporting document(s) was only reported/provided upon SFO's enquiry, this would be treated as a misrepresentation or omission. If supporting document(s) is/are provided but the relevant information of family income/assets is not reported in the application form, this would also be treated as not-properly-filled-in information. "The omitted information had been provided upon SFO's request/enquiry" is therefore not an acceptable reason for the review.