A. Please paste the <u>HK Smart ID Card copies</u> of the student-applicant, the applicant and / or the applicant's spouse and all the family members listed in Part IV of the application form in the appropriate spaces below.

(Please provide a copy of the student-applicant's valid Document of Identity for Visa Purposes or travel document for students whose HK Smart ID Card bear the symbol "C" (Conditional Stay).)

(If any of the family members is not a holder of the HK Smart ID Card, please provide a copy 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, etc. of that family member)



B. Applicant's Mailing Address

Name:	
Address :	

Self-prepared Income Breakdown

(For applicants who cannot provide income proofs such as hawker, construction worker, renovation worker, causal worker, cleaner, etc.)

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, and possible prosecution. 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</u>, on conviction, to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

(Please fill in <u>all</u> of the following items)

Name of the family member engaged in the following business : (Each Self-prepared Income Breakdown should contain the income information of ONE family member only.)

The relationship between this family member and the applicant : # Applicant / Spouse / Child (# please circle the appropriate item)

Nature of Industry (e.g. Construction) :

Position (e.g. Construction Worker)

<u>Actual Income</u> (Please fill in actual figure. If you do not have any income in a specific month, please fill in \$0. Do not leave any month blank. In addition, for payment made in arrears, for instance, if the payment date of your salary for April is in May, you should fill in the salary amount in the month of April, etc.)

Month/Year	Actual Income	Month/Year	Actual Income	Month/Year	Actual Income
4/2024 : HK\$		8/2024 : HK\$		12/2024 : HK\$	
5/2024 : HK\$		9/2024 : HK\$		1/2025 : HK\$	
6/2024 : HK\$		10/2024 : HK\$		2/2025 : HK\$	
7/2024 : HK\$		11/2024 : HK\$		3/2025 : HK\$	

Total Annual Income :HK\$

Payment method (Please circle the appropriate box. More than one item may be selected)

By Cash / Cash Cheque

А

В

By Cheque / Direct Credit

(please provide a copy of the transaction record together with the page showing the name of the bank account holder, <u>circle</u> the entries and <u>highlight the total amount with color</u> for verification. For any entries other than income, please also <u>make</u> necessary remarks next to them, or else the SFO may include the amount in calculating your family income.)

Reason for not being able to provide income proof (Please circle the appropriate box)

	_			
А	I have no <u>fixed</u> employer.			
В	The company I worked for has wound up and I cannot obtain doc income proof.	cumentary proof from the ex-e	employer and do not have any other	
С	Others, please specify:			
	laration: I declare that the above information is true and connature of family member engaged in the above business (if not the			
Name of Applicant : Signature of Applicant :				
		<i>c</i> <u>11</u> <u>-</u>	(The signature should match with that on the application form)	

ID No. of Applicant :

Annex

Income Certificate

(For salaried employed person who <u>cannot</u> provide Salary Statement, Salaries Tax Demand Note, Bank Statement showing autopayment of salaries or other income proofs)

WARNING

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Part I Particulars of the Salaried Employed Person concerned

Name:

The relationship between the salaried employed person and the applicant: # Applicant / Spouse / Child (# please circle the appropriate item)

Part II Particulars of Income

	Income	Certificate	
	(HK		
	His / Her total salary (incl g Hong Kong, the Mainland and over		
Fund contribution by	employee, in actual figure) during t	he period from 1.4.2024 to	31.3.2025 (please specify the exact
employment period wit	hin the above-mentioned period if it w	as less than 12 months:	to) is
*HK\$			
Signature of Employer -		Company Chon	
Signature of Employer.		Company Chop	:
Name of Employer :		Telephone No.	:
Company Address :			
Date :			
(Note: This certificate mu Employer's initial	st bear the company chop and telephone no is required against any deletion / amendme	umber of the employer. nt.)	
* Please specify the current	cy if salary paid is not in Hong Kong dolla	rs.	
Name of Applicant	:	Signature of Applicant :	(The signature should match with that on the application form)
ID No. of Applicant	:	Date :	

3

For self-employed taxi driver / lorry driver / minibus driver etc.

Name of family member engaged in the following business :						
Taxi driv	Taxi driver / Lorry driver / Minibus driver (please circle) Vehicle owner / Vehicle lessee (please circle)					
License 1	number (for vehicle owner only) :					
<u>Profit &</u>	Loss Account (From 1.4.2024 to 31.3.2025)					
<u>Income</u>	(HK\$)					
A1.	Rent (for vehicle owner only)	\$				
A2.	Profit from operating business	\$				
A3.	Others (please specify all items & breakdown of amounts)	\$				
(A)	Total Income (i.e. sum of A1 to A3)	\$				
(excludi	Expenditure (HK\$) (excluding vehicle mortgages) (B1 & B2 are applicable to vehicle lessee, B2 to B5 are applicable to vehicle owner)					
B1.	Vehicle rental fee	\$				
B2.	Fuel charges	\$				
В3.	Insurance premium	\$				
B4.	Maintenance fee	\$				
В5.	Licence fees	\$				
B6.	Others (please specify all items & breakdown of amounts)	\$				
(B)	Total Expenditure (i.e. sum of B1 to B6)	\$				
Net pro	fit [i.e. (A) Total Income – (B) Total Expenditure]	\$ <u>@</u>				
Signature of family member engaged in the above business (if not the applicant) :						

(a) This amount should be filled in Part V of the Application Form. If Total Income is less than Total Expenditure [i.e. (A) - (B) < 0], deficit will not be counted, i.e. business loss cannot be deducted from the gross household income.

Remark (reason for not being able to provide income proof):

Name of Applicant	:	Signature of Applicant :	
			(The signature should match with that on the application form)
ID No. of Applicant	:	Date :	

4

For person running business (including sole proprietorship / partnership business)

Name of	family member running the following company (Owner) :	
Company	y name	
Nature of	f business :	
Compan	y address :	
Sole prop	prietorship or partnership :	(%)
(if it is a p	bartnership, please specify the profit sharing ratio, e.g. Partnership (50%)
<u>Profit &</u>	z Loss Account (From 1.4.2024 to 31.3.2025)	
(A)	<u>Gross Income</u> (HK\$)	\$
	iture (HK\$) lowing are all running costs of the company and should not cover	r any household expenses.)
B1.	Cost on purchasing merchandise	\$
B2.	Water charges	\$
ВЗ.	Electricity charges	\$
B4.	Gas charges	\$
В5.	Telephone charges	\$
B6.	Rent and rates	\$
B7.	Salary of Employees (other than those marked in C1 & C2 below)	\$
B8.	Transportation costs	\$
В9.	Traveling expenses	\$
B10.	Insurance premium	\$
B11.	Fees for repair and maintenance of machinery	\$
B12.	Others (please specify all items & breakdown of amounts)	\$
(B)	<u>Total Expenditure</u> (i.e. sum of B1 to B12)	\$
Other Ex	penditure (HK\$)	
C1.	Salary of owner paid by this company	\$
C2.	Salary of other family member paid by this company	\$
	(Name:	_)
Househo	Id Income = [(A) Gross Income – (B) Total Expenditure] + C1 &C2	\$ <u>@</u>
Signature	re of Ourper (if not the applicant)	
Signatur	re of Owner (if not the applicant) :	
@ This a	mount should be filled in Part V of the Application Form. If Total Inco	me is less than Total Expenditure [i.e. $(A) - (B) < 0$],
deficit	will not be counted, i.e. business loss cannot be deducted from the gros	s household income.

Remark (reason for not being able to provide income proof):

Name of Applicant :		Signature of Applicant :	(The signature should match with that on the application form)
ID No. of Applicant	:	Date :	