



[Applicable to the Kindergarten and Child Care Centre Fee Remission Scheme (KCFRS), Grant for School-related Expenses for Kindergarten Students (Grant-KG), School Textbook Assistance Scheme (TA), Student Travel Subsidy Scheme (STS), Subsidy Scheme for Internet Access Charges (SIA), Diploma Yi Jin Fee Reimbursement (DYJFR) and Fee Reimbursement (Financial Assistance Scheme for Designated Evening Adult Education Courses) (FR(FAEAC))] **You may obtain the Sample Form for the Ethnic Minorities from the SFO starting from May 2020, if necessary.**

本申請表格備有中文版本。如有需要，請向學生資助處索取。

(# Please put "✓" in the appropriate box(es), * delete the inappropriate item(s) and @ are optional items.)

Part I Particulars of the Applicant

(The Applicant must be the parent or guardian (as recognised under Guardianship of Minors Ordinance, Cap 13) of the student-applicant(s).)

1. Name in Chinese	<input type="text"/>	2. Title @#	<input type="checkbox"/> A. Mr. <input type="checkbox"/> B. Ms. <input type="checkbox"/> C. Miss	
3. Name in English	<input type="text"/>			
4. Correspondence Address	(Please fill out in English)			
	Flat <input type="text"/>	Floor <input type="text"/>	Block <input type="text"/>	
Name of Building	<input type="text"/>			
Estate / Village	<input type="text"/>			
No. & Name of Street	<input type="text"/>			
District	<input type="text"/>			
Area	# <input type="checkbox"/> 1. HK	<input type="checkbox"/> 2. KLN	<input type="checkbox"/> 3. NT	<input type="checkbox"/> 4. OHK (Outside HK)
5. Year of Birth	<input type="text"/>			
6. HKID Card No.	<input type="text"/> ()			
	(If HKID Card No. is not available, please provide Other Identity Document No., with copy of relevant proof.)			
	Other Identity Document Type: <input type="text"/> (please refer to paragraph 2.1 of "Notes on How to Complete and Return Household Application Form")			
	Other Identity Document No.: <input type="text"/>			
7. Home Tel No. @	<input type="text"/>			
8. HK Mobile Phone No.	<input type="text"/>			
9. Your marital status during the period from 1.4.2019 to 31.3.2020	# <input type="checkbox"/> A. Married <input type="checkbox"/> B. * Divorced / Separated / Widowed / Single / Others (Please specify : _____)			
	(Please provide spouse's information in Part II) (Please provide copies of supporting documents, and spouse's information need not be provided in Part II)			
10. Ethnicity ^{Note} @#	<input type="checkbox"/> A. Chinese <input type="checkbox"/> B. Pakistani <input type="checkbox"/> C. Nepalese <input type="checkbox"/> D. Others (Please specify: _____)			
	(Note: The collection of information about the ethnicity is for statistical and research purposes and will not affect the processing or assessment of the household application for student financial assistance schemes.)			

Part II Particulars of Family Members and Financial Assistance Schemes being Applied for

A. Spouse

1. Name in Chinese	<input type="text"/>	
2. Name in English	<input type="text"/>	
3. Year of Birth	<input type="text"/>	
4. HKID Card No.	<input type="text"/> ()	
	(If HKID Card No. is not available, please provide Other Identity Document No., with copy of relevant proof.)	
	Other Identity Document Type: <input type="text"/> (please refer to paragraph 2.1 of "Notes on How to Complete and Return Household Application Form")	
	Other Identity Document No.: <input type="text"/>	
5. HK Mobile Phone No. @	<input type="text"/>	

B. Student-applicants and unmarried children residing with the family (If more than one child, please fill out this part starting from the youngest child.)

	Student-applicant 1 / Unmarried child residing with the family 1	Student-applicant 2 / Unmarried child residing with the family 2	
1. Name in Chinese	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> 1 <input type="checkbox"/> 2
2. Name in English	<input type="text"/>		<input type="checkbox"/> C <input type="checkbox"/> C
3. Date of Birth	D <input type="text"/> M <input type="text"/> Y <input type="text"/>	D <input type="text"/> M <input type="text"/> Y <input type="text"/>	
4. HKID Card No. / Birth Certificate No.	<input type="text"/> ()		
If not available, please provide: Other Identity Document Type	<input type="text"/> (please refer to paragraph 2.1 of "Notes on How to Complete and Return Household Application Form")		
Other Identity Document No.	<input type="text"/>		
5. Status for 2019-20	# <input type="checkbox"/> A. Under education <input type="checkbox"/> B. In employment <input type="checkbox"/> C. Unemployed <input type="checkbox"/> D. Other	# <input type="checkbox"/> A. Under education <input type="checkbox"/> B. In employment <input type="checkbox"/> C. Unemployed <input type="checkbox"/> D. Other	<input type="checkbox"/> S <input type="checkbox"/> S
6. Name of School / Institution in 2020/21	<input type="text"/>		<input type="checkbox"/> Y <input type="checkbox"/> Y
7. Class level	<input type="text"/>		
8. Mode of study	# <input type="checkbox"/> A. Whole-day <input type="checkbox"/> B. Half-day (A.M. session) <input type="checkbox"/> C. Half-day (P.M. session) <input type="checkbox"/> D. Part-time	# <input type="checkbox"/> A. Whole-day <input type="checkbox"/> B. Half-day (A.M. session) <input type="checkbox"/> C. Half-day (P.M. session) <input type="checkbox"/> D. Part-time	<input type="checkbox"/> B <input type="checkbox"/> B
9. Apply for schemes (On student basis and you may choose more than 1 item, if applicable)	# <input type="checkbox"/> Need <input type="checkbox"/> Do not need # Kindergarten & below levels: <input type="checkbox"/> (1) KCFRS <input type="checkbox"/> (2) Grant-KG # Primary & secondary levels or equivalent: <input type="checkbox"/> (3) TA <input type="checkbox"/> (4) STS <input type="checkbox"/> (5) DYJFR <input type="checkbox"/> (6) FR(FAEAC)	# <input type="checkbox"/> Need <input type="checkbox"/> Do not need # Kindergarten & below levels: <input type="checkbox"/> (1) KCFRS <input type="checkbox"/> (2) Grant-KG # Primary & secondary levels or equivalent: <input type="checkbox"/> (3) TA <input type="checkbox"/> (4) STS <input type="checkbox"/> (5) DYJFR <input type="checkbox"/> (6) FR(FAEAC)	<input type="checkbox"/> <input type="checkbox"/>

	Student-applicant 3 / Unmarried child residing with the family 3	Student-applicant 4 / Unmarried child residing with the family 4	
1. Name in Chinese	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
2. Name in English	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
3. Date of Birth	D <input type="text"/> <input type="text"/> M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	D <input type="text"/> <input type="text"/> M <input type="text"/> <input type="text"/> Y <input type="text"/> <input type="text"/>	
4. HKID Card No. / Birth Certificate No. If not available, please provide: Other Identity Document Type	<input type="text"/> () <small>(please refer to paragraph 2.1 of "Notes on How to Complete and Return Household Application Form")</small>	<input type="text"/> () <small>(please refer to paragraph 2.1 of "Notes on How to Complete and Return Household Application Form")</small>	
Other Identity Document No.	<input type="text"/>	<input type="text"/>	
5. Status for 2019-20	# <input type="checkbox"/> A. Under education <input type="checkbox"/> B. In employment <input type="checkbox"/> C. Unemployed <input type="checkbox"/> D. Other	# <input type="checkbox"/> A. Under education <input type="checkbox"/> B. In employment <input type="checkbox"/> C. Unemployed <input type="checkbox"/> D. Other	<input type="text"/> <input type="text"/>
6. Name of School / Institution in 2020/21	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
7. Class level	<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/>
8. Mode of study	# <input type="checkbox"/> A. Whole-day <input type="checkbox"/> B. Half-day (A.M. session) <input type="checkbox"/> C. Half-day (P.M. session) <input type="checkbox"/> D. Part-time	# <input type="checkbox"/> A. Whole-day <input type="checkbox"/> B. Half-day (A.M. session) <input type="checkbox"/> C. Half-day (P.M. session) <input type="checkbox"/> D. Part-time	<input type="text"/> <input type="text"/>
9. Apply for schemes <i>(On student basis and you may choose more than 1 item, if applicable)</i>	# <input type="checkbox"/> Need <input type="checkbox"/> Do not need # Kindergarten & below levels: <input type="checkbox"/> (1) KCFRS <input type="checkbox"/> (2) Grant-KG # Primary & secondary levels or equivalent: <input type="checkbox"/> (3) TA <input type="checkbox"/> (4) STS <input type="checkbox"/> (5) DYJFR <input type="checkbox"/> (6) FR(FAEAEC)	# <input type="checkbox"/> Need <input type="checkbox"/> Do not need # Kindergarten & below levels: <input type="checkbox"/> (1) KCFRS <input type="checkbox"/> (2) Grant-KG # Primary & secondary levels or equivalent: <input type="checkbox"/> (3) TA <input type="checkbox"/> (4) STS <input type="checkbox"/> (5) DYJFR <input type="checkbox"/> (6) FR(FAEAEC)	<input type="text"/> <input type="text"/>

C. Subsidy for Internet Access Charges (SIA)
(On household basis and only applicable to applicants applying for subsidies at primary and secondary levels. Applicants who apply for financial assistance for pre-primary level only do not need to complete this part.)

Does your family need to apply for SIA in the 2020/21 school year? # Need Does not need

D. Dependent Parent
Is / are the dependent parent(s) recipient(s) of the Comprehensive Social Security Assistance (CSSA)? # Yes No
(If yes, please skip Part 'D'. If no, please continue to complete Part 'D' and refer to Paragraph 3.3 of "Notes on How to Complete and Return Household Application Form" 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.)

Name of Dependent Parent	HKID Card No. (please provide copy) and Year of Birth	Dependency Status (Please put "✓" in the appropriate box) at least 6 months during 1.4.2019 to 31.3.2020		
		Resided 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
(1) Name in Chinese <input type="text"/> Name in English <input type="text"/>	HKID Card No. <input type="text"/> () or Other Identity Document Type: <input type="text"/> <small>(please refer to paragraph 2.1 of "Notes on How to Complete and Return Household Application Form")</small> Other Identity Document No.: <input type="text"/> Year of Birth <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Name in Chinese <input type="text"/> Name in English <input type="text"/>	HKID Card No. <input type="text"/> () or Other Identity Document Type: <input type="text"/> <small>(please refer to paragraph 2.1 of "Notes on How to Complete and Return Household Application Form")</small> Other Identity Document No.: <input type="text"/> Year of Birth <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Part III Residential Address *(If the correspondence address provided in Part I is not your residential address, please provide the full residential address in English in the following boxes, otherwise do not fill out the spaces below.)*

Residential Address	Flat <input type="text"/>	Floor <input type="text"/>	Block <input type="text"/>
Name of Building	<input type="text"/>		
Estate / Village	<input type="text"/>		
No. & Name of Street	<input type="text"/>		
District	<input type="text"/>		
Area	# <input type="checkbox"/> 1. HK	<input type="checkbox"/> 2. KLN	<input type="checkbox"/> 3. NT <input type="checkbox"/> 4. OHK (Outside HK)

Part IV Family Income

Please provide information on your position and relevant actual income (including part-time income and no need to fill in decimal places) and those of your family member(s) during the period from **1 April 2019 to 31 March 2020** (please refer to Paragraph 10.2(v) of "Notes on How to Complete and Return Household Application Form" (Notes)). If you / your family member(s) was a housewife, was unemployed or has retired during the period, please specify the status and relevant duration. Additional sheet may be added if there is insufficient space to provide the information. For self-employed persons, please provide the relevant income proof (e.g. receipt for services rendered, profit and loss account (please refer to Sample II at Annex of the "Notes" or Personal Assessment Notice issued by the Inland Revenue Department)). The SFO may make adjustment and apply benchmark figures on the basis of statistical information provided by relevant government departments (e.g. Census and Statistics Department) to assess your income and those of your family member(s) if you are unable to provide income proof or detailed calculation of income earned during the assessment period.

Applicant and Family Member	Mode of employment	Position (Please specify period if it is not a whole year)	Total Annual Income (\$) (Including bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee))				For Office Use
			Salary (\$)	Business profit (\$)	Interests from investments, fixed deposit (\$)	Alimony (\$)	
① Applicant	# <input type="checkbox"/> Full-time		Salary (\$)				
	# <input type="checkbox"/> Part-time		Business profit (\$)				
② Spouse	# <input type="checkbox"/> Full-time		Salary (\$)				
	# <input type="checkbox"/> Part-time		Business profit (\$)				
③ Unmarried child residing with the family (if applicable) Name: _____	# <input type="checkbox"/> Full-time		Salary (\$)				
	# <input type="checkbox"/> Part-time		Business profit (\$)				
④ Unmarried child residing with the family (if applicable) Name: _____	# <input type="checkbox"/> Full-time		Salary (\$)				
	# <input type="checkbox"/> Part-time		Business profit (\$)				
⑤ Other income (if applicable)	Contribution from children not residing together, relatives or friends (\$)		Rental income of property, land, carpark, vehicle or vessel (\$)	Interests from investments, fixed deposit (\$)	Alimony (\$)		
	Pension (excluding lump sum retirement gratuity) (\$)		Widow's & Children's Compensation (\$)	Others (\$)			
Total =							

OM

Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness (Please provide a copy of supporting document)

Name	Nature of incapacity or Chronic illness	Medical expenses incurred within the assessment period (\$)

Part VI Applicant's Bank Account for Payment of Assistance

(The account must be under the applicant's name and please provide copy of the bank statement / first page of bank book)

Account holder's name in English: _____

Applicant's bank account no.: _____ - _____
 Bank Code Bank Account Number
 (eg. Standard Chartered Bank 003; HSBC 004; Hang Seng Bank 024)

Bank name: _____

Part VII Applicant's Supplementary Information (Please append a separate sheet for supplementary information, if necessary)

- If you have filled in Part II particulars of any student-applicant who is **not** a self-bearing child of yours, please specify his/her name and explain in detail with proof why the application is not submitted by the parent of the student.
- If your family is receiving / has received CSSA any time during the period from 1 April 2019 to the time of submission of application, please specify the relevant duration, names of the family members in receipt of CSSA and quote the CSSA reference number.
- If you have special financial hardship, please state details of the situation, relevant duration and submit supporting documents.

Part VIII Declaration

I / We have read the "Household Application for Student Financial Assistance Schemes - Guidance Notes" (GN) and "Notes on How to Complete and Return Household Application Form" (Notes). I / We fully understand and agree to the arrangements stated therein in relation to my / our application. I / We undertake and warrant that I / we shall comply with all provisions in the GN and Notes as may be amended by the Government of the Hong Kong Special Administrative Region (HKSAR) from time to time and such other requirements and directions as specified from time to time by the Government of the HKSAR. I / We hereby declare that:

- The information in this application form, supplementary form(s) (if any) and the supporting documents and all other information and representation provided or made by me / us in relation to my / our application are true, complete and accurate. I / We understand and consent that (i) the SFO will assess the eligibility and assistance level of my family based on the information provided by me / us; (ii) the SFO may conduct authentication of my / our application (including home visits and random checking and take other actions as necessary to investigate and verify whether the information provided in relation to my / our application is true, complete and accurate. I shall fully cooperate, and shall procure my family members to fully cooperate with staff of the SFO; and (iii) the SFO may make adjustment to the assistance level / amount of financial assistance granted based on the findings of the authentication. Any misrepresentation, concealment of facts, provision of misleading or false information or intentional obstruction of the authentication conducted by SFO staff may lead to revocation of an issued eligibility certificate and withdrawal of the letter notifying the result of my / our application, restitution in full of the assistance granted and possible prosecution. I / We undertake to refund in full the Government of the HKSAR any overpayment of financial assistance granted to me / us under any of the financial assistance schemes and loan schemes administered by the SFO, regardless of the cause for such overpayment, immediately upon request. I / We also agree that if any overpayment was made to me / us or any amount was due to be paid by me / us to the Government under or in connection with any of the financial assistance schemes and loan schemes administered by the SFO, the SFO may set off the amount overpaid or the amount due against the financial assistance which I am / we are entitled to under any financial assistance scheme(s) administered by the SFO.
- I / We give consent to the SFO and its authorized bodies (including but not limited to relevant government bureaux / departments such as the Education Bureau (EDB), Social Welfare Department (SWD), the agents of the SFO / EDB, the schools / institutions concerned, etc.) to process my / our application and use the personal data provided to the SFO in connection with this application form and supplementary form(s) (if any) in accordance with Paragraph 5 of the GN and to liaise with related parties to verify and disclose the information provided by me / us.
- I am / We are authorized by all the family members listed in this application form to give consent and hereby give consent on their behalf to the SFO and its authorized bodies to access such family members' personal data in accordance with Paragraph 5 of the GN and to liaise with related parties to verify and disclose the information provided to the SFO. I / We consent to the SFO and the SWD to carry out the matching procedure for the purposes of processing the application and the granting of other student financial assistance, which may include the recovery of overpayment(s) (if applicable) from me / us.

This declaration shall be governed by and construed in accordance with the laws of the HKSAR. I / We and the Government of the HKSAR shall irrevocably submit to the jurisdiction of the Courts of the HKSAR. I / We have read the provisions of this declaration carefully and fully understood my / our obligations and liabilities under this declaration.

Signature of Applicant : _____ Signature of Spouse of Applicant : _____

Identity Document No. : _____ Identity Document No. : _____

Date : _____ Date : _____