

# GRANTHAM MAINTENANCE GRANTS 2018/19

## 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                                                               |
|-------------------|-----------------------------------------------------------------------|-------------------|----------------------------------------------------------------------------|
| FS113351/FS113321 | Diploma of Vocational Education (Business)                            | FS113352/FS113322 | Diploma of Vocational Education (Hairdressing)                             |
| FS113353/FS113323 | Diploma of Vocational Education (Computer-aided Product Engineering)  | FS113354/FS113324 | Diploma of Vocational Education (Mechanical Engineering)                   |
| FS113357/FS113327 | Diploma of Vocational Education (Print Media)                         | FS113358/FS113328 | Diploma of Vocational Education (Digital Electronics Technology)           |
| FS113359/FS113329 | Diploma of Vocational Education (Building Services Engineering)       | FS113361/FS113331 | Diploma of Vocational Education (Fashion Textile Design and Merchandising) |
| FS113362/FS113332 | Diploma of Vocational Education (Automotive Technology)               | FS113363/FS113333 | Diploma of Vocational Education (Beauty Care)                              |
| FS113364/FS113334 | Diploma of Vocational Education (Jewellery Arts and Design)           | FS113371/FS113341 | Diploma of Vocational Education (Information Technology)                   |
| FS113373/FS113343 | Diploma of Vocational Education (Gas Services Engineering)            | FS113374/FS113344 | Diploma of Vocational Education (Electrical Engineering)                   |
| FS113376/FS113346 | Diploma of Vocational Education (Fitness and Sports Studies)          | FS113377/FS113347 | Diploma of Vocational Education (Watch and Clock)                          |
| FS113378          | Diploma of Vocational Education (Business Event Operation)            | FS113379          | Diploma of Vocational Education (Hotel Studies)                            |
| FS113381          | Diploma of Vocational Education (Electronic and Computer Engineering) | FS113840          | Diploma of Vocational Baccalaureate (Design)                               |
| FS113850          | Diploma of Vocational Baccalaureate (Engineering)                     |                   |                                                                            |

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. Provision / Handling of Personal Data

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 **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 21 September 2018** to the Secretary of the Committee on 34/F, Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.
- 4.2 The Committee will notify the students the results of the applications via their Schools / Institutes in mid-2019. 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 liable on conviction to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

- 5.1 **Application form should be completed in block letters using black or blue ball pen. 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 2017/18 and is going to be promoted to Senior Secondary 2 / Secondary 5 in 2018/19, the information should be provided as shown below:



#### 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 **September 2018**), 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 2017/18 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 2017 to 31 March 2018), not in employment and meet any one of the following conditions for at least 6 months -
  - resided with the applicant’s family; or
  - resided in premises owned or rented by the applicant or his / her spouse; or
  - 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.

**Remarks: Applicant or his / her spouse should continue to support their parent in the 2018/19 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.**

| Part IV Particulars of Other Family Members                                                                                                                                                                                                                                                                                                                                   |                                                    |                                            |                                                    |                                                                        |                                                                                                                                                        |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|--------------------------------------------|----------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|
| 16. Unmarried Children Residing with the Family (Position as of <b>September 2018</b> )                                                                                                                                                                                                                                                                                       |                                                    |                                            |                                                    |                                                                        |                                                                                                                                                        |                     |
| Name (Excluding the Student-Applicant)                                                                                                                                                                                                                                                                                                                                        | HKID Card No.<br>(Please attach a copy at Annex 1) |                                            | Present Status (Please circle the appropriate box) |                                                                        |                                                                                                                                                        |                     |
|                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                            | Studying<br>(Exclude part-time studies)            | Employed                                                               | Just Graduated#                                                                                                                                        | Unemployed / Others |
| (a) <u>CHAN SIU TIN</u>                                                                                                                                                                                                                                                                                                                                                       | Alpha<br>    A                                     | Numeric<br>  6   5   4   3   2   1     (0) | P                                                  | Q                                                                      | R                                                                                                                                                      | S                   |
| (b) <u>CHAN SIU FU</u>                                                                                                                                                                                                                                                                                                                                                        | A                                                  | 5   4   3   2   1   5     (2)              | P                                                  | Q                                                                      | R                                                                                                                                                      | S                   |
| (c) <u>CHAN SIU WA</u>                                                                                                                                                                                                                                                                                                                                                        | A                                                  | 8   7   6   5   4   3     (1)              | P                                                  | Q                                                                      | R                                                                                                                                                      | S                   |
| #If the child has just graduated from school/institute in the academic year 2017/18, please circle the box and provide a copy of the graduation certificate or the student ID card.                                                                                                                                                                                           |                                                    |                                            |                                                    |                                                                        |                                                                                                                                                        |                     |
| 17. Dependent Parent (Should <u>not</u> 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 elderly, etc.) |                                                    |                                            |                                                    |                                                                        |                                                                                                                                                        |                     |
|                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                            | Status (Please circle the appropriate box)         |                                                                        |                                                                                                                                                        |                     |
|                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                            | at least 6 months during 1.4.2017 to 31.3.2018     |                                                                        |                                                                                                                                                        |                     |
|                                                                                                                                                                                                                                                                                                                                                                               |                                                    |                                            | 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.<br>(Please attach a copy at Annex 1) |                                            |                                                    |                                                                        |                                                                                                                                                        |                     |
| (a) <u>CHAN HEI LOK</u>                                                                                                                                                                                                                                                                                                                                                       | Alpha<br>    A                                     | Numeric<br>  7   1   2   3   4   5     (6) | T                                                  | U                                                                      | V                                                                                                                                                      |                     |
| (b) _____                                                                                                                                                                                                                                                                                                                                                                     |                                                    | ( )                                        | T                                                  | U                                                                      | V                                                                                                                                                      |                     |
| Name of Spouse’s Parent(s)                                                                                                                                                                                                                                                                                                                                                    | Alpha                                              |                                            | Numeric                                            |                                                                        |                                                                                                                                                        |                     |
| (a) _____                                                                                                                                                                                                                                                                                                                                                                     |                                                    | ( )                                        | T                                                  | U                                                                      | V                                                                                                                                                      |                     |
| (b) _____                                                                                                                                                                                                                                                                                                                                                                     |                                                    | ( )                                        | T                                                  | U                                                                      | V                                                                                                                                                      |                     |

#### 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 2017 to 31 March 2018 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 2017 to 31 March 2018)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                         |                                                             |                                          |                                                              |                                   |                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|-------------------------------------------------------------|------------------------------------------|--------------------------------------------------------------|-----------------------------------|------------------|
| 18. Family Income                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                         |                                                             |                                          |                                                              |                                   |                  |
| (1) Please provide information on your employment including your position, name of organisation, office telephone number and total annual income and those of your family member(s) during the period from 1 April 2017 to 31 March 2018. 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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Position<br>(Please specify period if it is not a whole year)                           | Name of Organisation & Office Tel. No.                      |                                          | Total Annual Income * (\$)                                   |                                   | For Official Use |
| (a) Applicant<br>Name: CHAN TAI MING                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Accountant (1.4.2017 to 31.8.2017)<br>Retired (with effect from 1.9.2017)               | ABC Company<br>(Tel: 1111 1111)                             |                                          | 1   2   0   0   0   0                                        |                                   |                  |
| (b) Spouse<br>Name: WONG LAI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Housewife (1.4.2017 to 31.8.2017)<br>Part-time Cashier (1.9.2017 to 31.3.2018)          | ABC Café<br>(Tel: 2123 4567)                                |                                          | 9   0   0   0                                                |                                   |                  |
| (c) Unmarried child residing with the family (if applicable)<br>Name: CHAN SIU WA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Unemployed (1.4.2017 to 31.12.2017)<br>Construction site worker (1.1.2018 to 31.3.2018) | Casual Worker                                               |                                          | 3   5   0   0   0                                            |                                   |                  |
| (d) Unmarried child residing with the family (if applicable)<br>Name:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                         |                                                             |                                          |                                                              |                                   |                  |
| (e) Unmarried child residing with the family (if applicable)<br>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           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 12,000                                                                                  | 7,000                                                       | 3,200                                    | 1,000                                                        |                                   |                  |
| *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")                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                         |                                                             |                                          |                                                              |                                   |                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                         |                                                             |                                          |                                                              |                                   |                  |

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

| Items to be reported |                                                                                                                                                                                                                                             | Items need not be reported |                                               |
|----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-----------------------------------------------|
| 1                    | Salary (including the salary of applicant, applicant's spouse and student-applicant's unmarried sibling(s) residing with the applicant for full-time, part-time or temporary jobs, excluding MPF / Provident Fund contribution by employee) | 1                          | Old Age Allowance / Old Age Living Allowance  |
| 2                    | Double pay / Leave pay                                                                                                                                                                                                                      | 2                          | Disability Allowance                          |
| 3                    | Allowance (including overtime work / living / housing or rent / transport / meals / education / shift allowance, etc.)                                                                                                                      | 3                          | Long service payment / Contract gratuity      |
| 4                    | Bonus / Commission / Tips                                                                                                                                                                                                                   | 4                          | Severance pay                                 |
| 5                    | Studentship                                                                                                                                                                                                                                 | 5                          | Loans                                         |
| 6                    | Wages in lieu of notice of dismissal                                                                                                                                                                                                        | 6                          | Lump sum retirement gratuity / Provident Fund |
| 7                    | Business profits and other income earned by means of self employment, such as hawking, driving taxis / minibuses / lorries, and fees for services rendered, etc.                                                                            | 7                          | Inheritance                                   |
| 8                    | Alimony                                                                                                                                                                                                                                     | 8                          | Charity donations                             |

|    | Items to be reported                                                                                                                                                                                                                                                                 |    | Items need not be reported                                                         |
|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|------------------------------------------------------------------------------------|
| 9  | Contributions from any person(s) not residing with the applicant's family 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  | Comprehensive Social Security Assistance                                           |
| 10 | Interests from fixed deposits, stocks, shares & bonds, etc.                                                                                                                                                                                                                          | 10 | Retraining allowance / Work Incentive Transport Subsidy / Working Family Allowance |
| 11 | Rental income of property, land, carpark, vehicle or vessel (including                                                                                                                                                                                                               | 11 | Insurance / Accident / Injury indemnity                                            |
| 12 | Monthly pension / Widow's & Children's Compensation                                                                                                                                                                                                                                  | 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 1 April 2017 to 31 March 2018, 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 -----                                                                                                |                      |                    | 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. | Attention:<br>(1) <u>The student-applicant must not be in receipt of CSSA in his/her own name or under the applicant's family.</u> (2) If the applicant/any family member(s) received CSSA during the period from <u>1 April 2017 to 31 March 2018</u> , 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. |
| (a) CHAN HEI LOK                                                                                                                                                                                                                     | 1.4.2017 – 30.4.2018 | CW1-C-11111        |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |
| (b)                                                                                                                                                                                                                                  |                      |                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |

### 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 2017 to 31 March 2018, 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 \$20,530 per year in 2018/19).

| Part VII Other Special Family Information                                                                                                                                                                                                                                                                                                                                                                                                                |     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|
| 21. If the applicant has filled in any unmarried child in Part IV who is <b>not</b> 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 -----<br>Chan Siu-wa is not a self-bearing child but I consider him as my family member. Please see the attachment for further explanation. | (Y) |
| 22. If the applicant has any special financial hardship/has incurred medical expenses for family members who are <b>chronically ill or permanently incapacitated</b> , 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   |

### 5.8 Part VIII Declaration

- 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 2018/19 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 6801 or 3718 6830  
Website Address: <http://www.wfsfaa.gov.hk/sfo/en/other/grantsloans/grantham/9.1.10.htm>

## 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.