

中華基督教青年會中學 Chinese Y.M.C.A. Secondary School

Application for Fee Subsidy

ı	For Office Use	

Part I: Student Particulars

Name in Chinese	Name in English	Class	Number

Part II: Applicant Particulars (Parents / Guardian)

Name in Chinese Name in English			Relationship with the Student
Telephone Number			Email
Home		Mobile	

Part III: Information on All Family Members¹ Single Parent² Yes No

Name	HK ID ³	Relationship with the Applicant	Current Status Full-Time Student / Employment	Amount ⁴ of Support Provided by the Applicant %
		Applicant		

- 1. Family members are defined as parents, unmarried siblings and grandparents of the student.
- 2. Please put a $\sqrt{ }$ in the appropriate box.
- 3. Copies of Identity Card are required (Please cut and paste the copy of the HK Smart ID card on Appendix 1).

4. The amount is presented in the % of the total expenses.

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Part IV: Family Income(Twelve months period preceding the month of your application) (Documentary evidences required, please fill in either Appendix 2a or 2b)

	Item	Amount (HK\$)
1.	Total annual income of the applicant	
2.	Total annual income of applicant's spouse	
3.	30% of total annual income of unmarried children residing with the family	
	Gross Total Annual Income:1+2+3	

2.	Total annual income of applicant's spouse	
3.	30% of total annual income of unmarried children residing with the family	
	Gross Total Annual Income:1+2+3	
Are	you currently receiving Comprehensive Social Security Assistance Scher	me? ∐Yes □No
(You	Please put can provide additional information and/or special circumstances on separate sheet	a √ in the appropriate box. ts if necessary.)
Part	t V: Applicant's bank account information for school fee refund (if ne	ecessary)
Acco	unt holder's name is 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	t VI: Declaration	
best rely subs misr	(name), declare that the information in and the supporting documents provided by me are true, complete and tof my knowledge. I am aware that Chinese YMCA Secondary School (non the information provided by me to determine the eligibility and the pesidy to be offered under the Scheme. I also understand that any representation of information with a view to obtaining pecuniary advantage of offence and is liable to legal proceedings.	accurate to the the School) will recentage of fee commission /
and cons	thorize the School to handle the personal data/information provided in I will undertake to inform my family members of such an arrangement to the School to release my and my family members' personal concities concerned for the purpose of processing my application or mation provided in this application.	ent. I also give data to various
I ag	ree to let the School check and counter-check this application. If I refuse	e to co-operate,

I undertake to refund all the fee subsidy already received by me.

Signature of the Applicant	HKID Number	Date

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Part VI: Method of Assessment and Levels of Assistance

Students who have had their applications officially approved will receive subsidies worth from half to full amount of the school tuition fees in installments.

1. The school will use the "Adjusted Family Income" (AFI) mechanism, currently used by the Student Financial Assistance Agency, HKSAR, as the means test to assess the eligibility of an applicant's family for the student-applicant's fee subsidy.

The AFI is calculated based on the following formula:

- 2. Gross Total Annual Income of the Family includes: the total annual income of the applicant and his/her spouse; 30 % of the total annual income of unmarried child(ren) residing with the family if applicable.
- 3. Family Members refer to: the applicant, his/her spouse, unmarried child(ren) of the applicant residing with the family, the dependent parent(s) of the applicant and/or his/her spouse (who are not receiving Comprehensive Social Security Assistance).
- 4. In case of single-parent families, the +(1) factor in the denominator of the AFI formula will be increased to +(2).
- 5. The AFI eligibility benchmarks for various levels of assistance are set out in the table below. Please note that the AFI is not the average monthly income of a family.

AFI (HK\$)	Level of Assistance
0 – 52,657	Full
52,658 – 84,105	Half
≥ 84,106	Ineligible

For families with AFI above the thresholds and/or more than 5 family members, the school will consider their applications on a case-by-case basis.

6. For enquiries, please call 2540 8650 during office hours.

The school reserves the right to verify the information, through home visit or by other means, provided by the applicant in support of the application.

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Copies of HK Smart ID Card

Please cut and paste the copy of the HK Smart ID Card as appropriate.

(If the HK Smart ID Card is not available, please attach copies of other valid identity documents, e.g. Hong Kong Birth Certificate, Hong Kong Re-entry Permit, Document of Identity for Visa Purposes, One-way Permit, etc.)

Certificate, Hong Kong Re-entry Permit, Document of Identity for Visa Purposes, One-way Permit, etc.)					
Copy of the HK Smart ID Card of the applicant	Copy of the HK Smart ID Card of the spouse				
Copy of the HK Smart ID Card of family member	Copy of the HK Smart ID Card of family member				
Copy of the HK Smart ID Card of family member	Copy of the HK Smart ID Card of family member				
Copy of the HK Smart ID Card of family member	Copy of the HK Smart ID Card of family member				

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Income Certificate

(For salaried employed person)

This is to certify that	t (HKID	Card No) is employed	by this
company as	His /	Her total salary (including allowance,	bonus,
double pay, leave p	ay and other income (incl	uding Hong Kong,	the Mainland and over	ersea),
but excluding Man	datory Provident Fund /	Provident Fund c	ontribution by employ	yee, in
actual figure) durin	g the period from	t	o	¹ is
HK\$	(Please specify the	currency if salary ן	oaid is not HK\$:)
Signature of Employ	yer:			
Name of Employer	:			
Company Chop:				
Telephone No:				
Company Address:				
Date:				
,	copy of this Certificate oyer. Employer's initial is			•
mamber of the empi	oyer. Employer 3 imida is	equired against ar	ry deletion / amename	<i>J</i> 110. <i>j</i>
1 Twelve months period prece	eding the month of your application.			
#Please delete the inappropri	iate sentence.			
WARNING: The person	onal data given in this statemer	nt should be true and o	complete. Any person who	obtains
property	/ pecuniary advantage by de	eception is liable on	conviction to imprisonme	nt for a

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maximum of 10 years under the Theft Ordinance, Chapter 210.

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Self-prepared Income Breakdown

(For hawker / construction worker / renovation worker /casual worker / cleaner who cannot provide income proof)

WARNING: The personal data given in this statement should be true and complete. Any person who obtains

property / pecuniary advantage by deception is liable on conviction to imprisonment for a					
maximum of 10 years under the Theft Ordinance, Chapter 210.					
Name of the fami	ly member engage	d in the following bu	ısiness :		
(Each self-prepare	ed income breakdo	own should contain	the income informa	ation of ONE family	member only.)
The relationship b	etween this family	member and the ap	oplicant:*Applicant	/ Spouse / Child (*	please delete the
inappropriate item	ns)				
Nature of Industry	(e.g. Construction	n) :			<u> </u>
Position (e.g. con	struction worker)	:			
1 Osmori (c.g. com	Struction worker)	•			_
A stud In some (T	walio waantha waw	:		ulication places	CII in actual
•	-	iod preceding the ie in a specific mont	-	•	
(YY/MM)	Income(HK\$)	(YY/MM)	Income(HK\$)	(YY/MM)	Income(HK\$)
1.	πισοπιστιτιτή	5.	πισοπισ(ππφ)	9.	ποοπο(τπτφ)
2.		6.		10.	
3.		7.		11.	
4.		8.		12.	
Total Annual Inco	me HK \$:	(Please spe	cify the currency if	money paid is not	HK\$:)
Payment method	(Please put"✓" in t	he appropriate box.	More than one ite	m may be selected)
☐ A. By Cash / 0	Cash cheque				
☐ B. By Cheque	/ direct credit (Plea	ise provide a copy o	of the transaction re	ecord together with	the page showing
the name of the b	ank account holde	r, <u>circle the entries a</u>	and highlight the to	otal amount with co	lor for verification.
For any entries of	her than income, p	lease also <u>make ne</u>	cessary remarks r	next to them, or els	e the school may
·	nt in calculating you	-			
		income proof (Plea	ase put"✓" in the a	ppropriate box.)	
A. I have no fixed employer.					
· · · · · · · · · · · · · · · · · · ·		wound up and I ca		nentary proof from t	he
· ·	-	ve other income pro			
·		ve information is t			
Deciaration: I de	ciale mat the abo	ve information is t	i ue anu compieto	z .	
Signature of famil	y member engaged	d in the above busir	ness (if not the app	licant) :	
Applicant Name:		Applicant	HKID No:		_
Applicant Signatu	re:	Date :			_

Fee Subsidy