

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

Application for Fee Subsidy

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
Te	Email	
Home		

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

Name	HK ID³	Relationship with the Applicant	Mode of Employment (Full-time / Part-time)	Current Status Student / housewife / Employment / unemployed / retired ⁴ (Please specify the period if it is not a whole year)
		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. Family members who are unemployed/retired, please provide copies of relevant supporting documents or attach a declaration letter (please use Attachment 4).

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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 3a, 3b or 3c)

	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	
4.	Other income (Please provide a copy of supporting document) e.g.: a. Contribution from children not residing together, relatives or friends b. Rental income of property, land, carpark, vehicle or vessel c. Interests from investments, fixed deposit d. Alimony e. Pension (excluding lump sum retirement gratuity)	
	f. Widow's & Children's Compensation	
	Gross Total Annual Income:1+2+3+4	

Please put a " $\sqrt{}$ " in the appropriate box.

Are you currently receiving Comprehensive Social Security Assistance Scheme?

(You can provide additional information and/or special circumstances on separate sheets if necessary.)

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 (\$)

If applicant has incurred medical expenses for family members (for family members who are chronically ill or permanently incapacitated) during Twelve months period preceding the month of your application, he / she may state details of the situation in Part V of the application form. Applicant must provide relevant medical certificate(s) and receipt(s) issued by the hospitals / clinics / registered practitioners to school for consideration of deducting such expenses. (The ceiling of deductible amount for each family member is \$23,310* per year in 2024/25).

Part VI: Applicant's bank account information for school fee refund

Account 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 :	;	

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^{*} Amount will be adjusted based on data from the SFAA.

Part VI: Declaration

I, ______ (name), declare that the information in this application form and the supporting documents provided by me are true, complete and accurate to the best of my knowledge. I am aware that Chinese Y.M.C.A. Secondary School (the School) will rely on the information provided by me to determine the eligibility and the percentage of fee subsidy to be offered under the Scheme. I also understand that any commission / misrepresentation of information with a view to obtaining pecuniary advantage by deception is an offence and is liable to legal proceedings.

I authorize the School to handle the personal data/information provided in this application and I will undertake to inform my family members of such an arrangement. I also give consent to the School to release my and my family members' personal data to various authorities concerned for the purpose of processing my application or verifying the information provided in this application.

I agree to let the School check and counter-check this application. If I refuse to co-operate, I undertake to refund all the fee subsidy already received by me.

Signature of the Applicant	HKID Number	Date

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 – 53,868	Full
53,869 – 86,039	Half
≥ 86,040	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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Appendix 1

Types of incomes earned by the family both within and outside Hong Kong that should be reported are listed below for reference.

Items need to be reported Items need not to be reported 1. Financial assistance from the Government, or Salary (including the salary of applicant, applicant's spouse and student-applicant's payment from the assistance programme under the Community Care Fund (such as CSSA / Old age unmarried sibling(s) residing with the applicant for full-time, part-time or temporary jobs, allowance / Old age living allowance / Disability excluding Mandatory Provident Fund (MPF) / allowance / Retraining allowance / Work Incentive Provident Fund contribution by employee) Transport Subsidy / Working Family Allowance etc.) 2. Long service pay / Contract gratuity 2. Double pay / Leave pay 3. Allowance (including overtime work / living / 3. Severance pay housing or rent / transport / meals / education / 4. Loans shift allowance, etc.) 5. Lump sum retirement gratuity / Provident fund 4. Bonus / Commission / Tips Inheritance 5. Studentship 7. Charity donations 6. Wages in lieu of notice of dismissal 8. Insurance / accident / injury indemnity 7. Business profits and other income earned by means of self-employment, such as hawking, 9. MPF / Provident Fund contribution by employee (the ceiling of contribution needs not to be reported is driving taxis / minibuses / lorries, and fees for services rendered, etc. \$18,000 per year) 8. Alimony 9. Contribution from any person(s) not residing with applicant's family to any of the applicant's (including family member(s) money contribution of housing / remittance(s) / contribution for mortgage repayment / rent / water / electricity / gas or other living expenses) 10. Interests from fixed deposits, stocks, shares and bonds, etc. 11. Rental income of property, land, carpark, vehicle or vessel (including Hong Kong, the

If the applicant, the applicant's spouse or any family member under employment has / have provided the Income Certificate (i.e. Appendix 3a) or the Self-prepared Income Breakdown (i.e. Appendix 3b) as the income proof, the school may still require the applicant to concurrently provide the bank passbook, salary statement or other income proof for reference. If applicant cannot provide any income proof for special reasons, please notify the school in writing, providing justifiable reasons and the detailed calculation of income. Applicant should also sign on the explanatory letter personally. In assessing the family income, if necessary, the school may require the applicants to provide documentary proof of items which is not listed above or seek further clarification for amounts that were used for maintaining the living of the family but have not been accounted for in the application such as savings, loans. The school may also request the applicant 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.

Mainland and overseas)

Compensation

12. Monthly pension / Widow's & Children's

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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.) Copy of the HK Smart ID Card Copy of the HK Smart ID Card of the applicant of the spouse Copy of the HK Smart ID Card Copy of the HK Smart ID Card of family member of family member Copy of the HK Smart ID Card Copy of the HK Smart ID Card of family member of family member Copy of the HK Smart ID Card Copy of the HK Smart ID Card of family member of family member

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Income Certificate

(For salaried employed person)

This is to certify that		_ (HKID Card No)) is e	employed by	this
company as		His / Her total sal	lary (includ	ding allowand	ce, bonus, dou	ıble
pay, leave pay and oth	ner income (ir	ncluding Hong K	ong, the	Mainland ar	nd oversea),	but
excluding Mandatory Pro	vident Fund / I	Provident Fund co	ntribution	by employee	e, in actual figu	ıre)
during the period	from		to _		1	is
HK\$. (Please spec	ify the currency if	salary pai	d is not HK\$:)	
Signature of Employer:						
Name of Employer :						
Company Chop:						
Telephone No:						
Company Address:						
Date:						
(Note: The original copy the employer. Employer'				•	phone numbe	r of
the employer. Employer	s iriitiai is requi	red against arry d	ciction / a	menament.)		
1 Twelve months period preceding th	e month of your applic	cation.				
#Please delete the inappropriate sen	tence.					
WARNING: The personal of	ata given in this	statement should be	e true and	complete. Any	person who obt	ains
property / pecu	niary advantage t	y deception is liable o	on convictio	n to imprisonme	ent for a maximu	m of

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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 Th	eft Ordinance, Cha	apter 210.		
Name of the famil	y member engage	d in the following b	usiness:		
(Each self-prepare	ed income breakdo	wn should contain	the income informa	ation of ONE family	member only.)
The relationship b	etween this family	member and the a	pplicant:*Applicant	/ Spouse / Child (*	please delete the
inappropriate item	ıs)				
Nature of Industry	(e.g. Construction) :			_
Position (e.g. cons	struction worker)	:			_
Actual Income (Tv	velve months per	iod preceding the	month of your ap	plication, please	fill in actual figure. If
you do not have a	ny income in a spe	ecific month, please	e fill in \$0. Do not le	ave any month bla	nk.)
(YY/MM)	Income(HK\$)	(YY/MM)	Income(HK\$)	(YY/MM)	Income(HK\$)
1.		5.		9.	
2.		6.		10.	
3.		7.		11.	
4.		8.		12.	
Total Annual Incor	me HK \$:	(Please spe	ecify 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	l)
□ A. By Cash / Ca	ash cheque				
$\hfill\Box$ B. By Cheque /	direct credit (Pleas	se provide a copy o	f the transaction re	cord together with	the page showing the
name of the bank	account holder, cir	cle the entries and	highlight the total a	amount with color f	or verification. For any
entries other than	income, please als	so <u>make necessary</u>	remarks next to th	em, or else the sch	nool may include the
amount in calcula	ting your family inc	ome.)			
Reason for not be	ing able to provide	income proof (Plea	ase put"✓" in the a _l	opropriate box.)	
☐ A. I have no fixe					
		·	nnot obtain docume	ntary proof from th	ie
•	•	ve other income pro			
· ·					
Declaration: I de	clare that the abo	ve information is	true and complete).	
Signature of family	y member engaged	d in the above busi	ness (if not the app	licant) :	
Applicant Name: _		Applicant	: HKID No:		_

Date:

Applicant Signature: __

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Confidential

Appendix 3c

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.

Profit & Loss Account	Profit & Loss Account
(For self-employed taxi driver / lorry driver / minibus driver etc.)	(For person running business (including sole proprietorship / partnership business))
Name of family member engaged	Name of family member running the
in the following business :	following company (Owner) :
Taxi driver / Lorry driver / Minibus driver (please circle)	Company name :
Vehicle owner / Vehicle lessee (please circle)	Nature of business :
License number (for vehicle owner only) :	Company address :
(I) Profit and Loss Account (Twelve months period preceding the month of your application)	Sole proprietorship or partnership :(%)
(From/ to)	(If it is a partnership, please specify the profit sharing ratio, e.g. Partnership (50%))
Income (HK\$)	(I) <u>Profit and Loss Account</u> (Twelve months period preceding the month of your application)
1. Rent (for vehicle owner only) \$	(From/ to/)
2. Profit from operating business \$	(A) <u>Gross Income</u> (HK\$) \$
3. Other (please specify all items & breakdown of amounts)	Expenditure (HK\$)
\$	(The following is the running cost of the company and should not cover any household expenses.)
(A) Total Income \$	Cost on purchasing merchandise \$
Expenditure (excluding vehicle mortgages) (HK\$)	Water charges \$ Electricity charges \$
(1&2 are applicable to vehicle lessee, 2 & 5 are applicable to vehicle owner)	Gas charges \$ Telephone charges \$
1. Vehicle rental fee \$	Rent and rates \$ Insurance premium \$
2. Fuel charges \$	Salary of employees other than those marked" #" \$
3. Insurance premium \$	Transportation cost \$ Traveling expenses \$
4. Maintenance fee \$	Fees for repair and maintenance of machinery \$
5. License fees \$	Others (please specify all items & breakdown of amounts) \$
6. Others (please specify all items & breakdown of amounts) \$	Other Expenditure (HK\$)
(B) Total Expenditure \$	#Salary of owner paid by this company \$
Net profit((A) Total Income - (B) Total Expenditure*)	#Salary of other family member paid by this company
\$	(Name :) \$
(This amount should be filled in Part IV of the Household Application Form.)	(B) Total Expenditure (HK\$) \$
* If Total Income is less than Total Expenditure (i.e.(A)-(B)< 0) \cdot deficit will noy be counted i.e. business	Household Income= (A) Gross Income – (B) Total Expenditure* + Salary of owner /
loss cannot be deducted from the gross household income.	other family member paid by this company# = HK\$
Remark (reason for not being able to provide income proof)	(This amount should be filled in Part IV of the Household Application Form.)
	* If Total Income is less than Total Expenditure (i.e.(A)-(B)< 0) · deficit will noy be counted i.e. business
Signature of the family member engaged in the above business	loss cannot be deducted from the gross household income.
(if not the applicant)	Remark(reason for not being able to provide income proof):
Applicant's Name :	
Applicant's HKID No :	Owner's Signature (if not the applicant) :
Applicant's Signature :	Applicant's Name :
Date :	Applicant's HKID No :
	Applicant's Signature :
	Date :

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2024/25 Application for Fee Subsidy

<u>Declaration</u>		
To: Chinese Y.M.C.A. Secondary School School Affairs Office		
I (Name in full)	_ holder of HKID card No	· From /
	/ due to Employment / unemployed / retired	
there is no other source of income.		
I declare that the above information is true	and complete.	
	Signature :	
	Date :	
2024/25 Application for Fee Subsidy Declaration		
To: Chinese Y.M.C.A. Secondary School		
School Affairs Office		
I (Name in full)	_ holder of HKID card No	, From/
there is no other source of income.	/ due to Employment / unemployed / retired	(please circle) ,
I declare that the above information is true and complete.		
	Signature :	
	Date :	

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