

Application Form for Grantham Maintenance Grants (GMG) 2024/25

(Tenable to student of Secondary Schools approved by the Education Bureau /
Hong Kong Institute of Vocational Education (HKIVE) and
Youth College (YC) under the auspice of the Vocational Training Council)

Reference No. (For Official Use)

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WARNING

This application must be completed FULLY and TRUTHFULLY. Any misrepresentation or concealment of facts may lead to disqualification of application and / or full recovery of financial assistance already granted by the Grantham Scholarships Fund Committee (Committee), and possible prosecution. Applicants are reminded that it is an offence to obtain property / pecuniary advantage by deception. Any person who does so commits an offence and is liable, on conviction, to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

Please read the Grantham Maintenance Grants 2024/25 Guidance Notes on Applications (Guidance Notes) carefully before completing this application form and complete relevant parts in BLOCK letters using **black or blue ball pen**. The **original** of completed application form together with copies of documentary evidence should be returned **on or before 30 September 2024 via the School / Institute which the student-applicant is attending**, to the Secretariat of the Committee on 34/F., Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong. Please mark "Application for GMG 2024/25" on the envelope. The postmark date on the envelope will be regarded as the date of submission of application and applications which are late, submitted by fax or e-mail, or not made in the prescribed form will not be processed.

Part I Particulars of Student-applicant (this part is mandatory)		School / Institute's Certification (Completed by School / Institute and with School / Institute Chop)																						
1. Name of Student-applicant	Name in English (As shown on HKID Card) _____ Name in Chinese (if applicable) _____	I confirm that: 1. the student-applicant is a bona fide full-time student of this school / institute attending Senior Secondary ____ / Secondary ____ (Class) (For Education Bureau approved secondary school students) or ____ (Year of Study) / ____ (Course Code) (For HKIVE and YC Students) in the 2024/25 academic year; and 2. the student-applicant * is / is not a repeater in the 2024/25 academic year. * Please circle as appropriate																						
2. HKID Card No.	<table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>()</td> </tr> <tr> <td colspan="3">Prefix</td> <td colspan="7">Number</td> <td></td> </tr> </table> (Please attach a copy at Annex 1)												()	Prefix			Number							
											()													
Prefix			Number																					
3. Email Address of Student-applicant	_____																							
4. Contact Phone No. of Student-applicant	Residential: _____ Mobile Phone: _____																							
5. Name of School / Institute (in English)	_____																							
6. Class / Year (Note: Repeaters will not be considered except under very special circumstances.)																								
(a) Class / Year attended in the 2023/24 academic year (Please circle the appropriate box)	<table border="1"> <tr> <td>A S3</td> <td>B SS1 / S4</td> <td>C SS2 / S5</td> <td>D SS3 / S6</td> <td>E Year 1</td> <td>F Year 2</td> </tr> <tr> <td colspan="4">For Education Bureau approved secondary school students</td> <td colspan="2">For HKIVE and YC students</td> </tr> </table>	A S3	B SS1 / S4	C SS2 / S5	D SS3 / S6	E Year 1	F Year 2	For Education Bureau approved secondary school students				For HKIVE and YC students		Signature of Head of School / Department: _____ School / Institute Chop: _____ Date: _____										
A S3	B SS1 / S4	C SS2 / S5	D SS3 / S6	E Year 1	F Year 2																			
For Education Bureau approved secondary school students				For HKIVE and YC students																				
(b) Class / Year attended in the 2024/25 academic year (Please circle the appropriate box)	<table border="1"> <tr> <td>G SS1 / S4</td> <td>H SS2 / S5</td> <td>I SS3 / S6</td> <td>J Year 1</td> <td>K Year 2</td> <td>L Year 3</td> </tr> <tr> <td colspan="3">For Education Bureau approved secondary school students</td> <td colspan="3">For HKIVE and YC students</td> </tr> </table>	G SS1 / S4	H SS2 / S5	I SS3 / S6	J Year 1	K Year 2	L Year 3	For Education Bureau approved secondary school students			For HKIVE and YC students													
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For Education Bureau approved secondary school students			For HKIVE and YC students																					
7. Has the Student-applicant applied for financial assistance schemes for primary or secondary students for 2024/25 from the Student Finance Office (SFO) (Please circle the appropriate box: Y – yes; N – no).	<table border="1"> <tr> <td>Y</td> <td>N</td> </tr> </table>	Y	N																					
Y	N																							
If yes, please state the SFO's application number and complete Parts III and VIII of this application form only (i.e. Parts IV to VII need not be completed)																								
The SFO's application number (Please provide the first 12 digits):	<table border="1"> <tr> <td>2</td><td>0</td><td>2</td><td>4</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table>	2	0	2	4																			
2	0	2	4																					
If no, please continue to complete Parts II to VIII of this application form and provide relevant documents as required.																								

Part II Discretionary Award recommended by the School / Institute (if applicable)		
8. If the Head of School / Department / School Social Worker considers the applicant has special financial hardship and recommends awarding the Grants to the applicant discretionarily, please circle the "Y" box on the right and state the reasons below:	<table border="1"> <tr> <td>Y</td> </tr> </table>	Y
Y		

(Please use additional sheet if necessary)		
Name of Head of School / Department / School Social Worker*:	Contact Phone No.:	
Signature of Head of School / Department / School Social Worker*:	Date:	
* Please circle as appropriate		

Part V Family Income (1.4.2023 to 31.3.2024)

20. Family Income
- Please provide information on your employment including your position, working period and total annual income and those of your family member(s) during the period from 1.4.2023 to 31.3.2024. Additional sheet with applicant's signature may be added if there is insufficient space to provide the information.
 - If you / your family member(s) was a housewife, was unemployed, has retired or was not working the whole year during the period aforementioned, please specify the status and relevant duration. For self-employed persons, please provide the relevant income proof (e.g. receipt for services rendered, profit and loss account or Personal Assessment Notice issued by the Inland Revenue Department).
 - If your spouse had deceased, you and your spouse had divorced / separated or your spouse had received Comprehensive Social Security Assistance (CSSA) during part or the entire period aforementioned, please provide supporting documents with specification on the date.
 - Please submit the application form together with the relevant documentary proofs on the annual income earned during the period from 1.4.2023 to 31.3.2024 and follow point 6 of Part IX "Checklist" of this application form in submitting the proofs. If no documentary evidence can be provided, please refer to Paragraphs 5.5 and 5.9 of the Guidance Notes and complete Annex 2 "Self-prepared Income Breakdown". The SFO reserves the right to 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).

Applicant and Family Member	Mode of Employment	Position / Other (e.g. housewife, unemployed, retired) (Please specify the period if it does not cover the whole year)	Working Period (e.g. 1.4.2023 – 31.3.2024)	Total Annual Income (\$) (If nil, please write '0')		
(a) Applicant Name:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
(b) Spouse Name:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
(c) Unmarried child residing with the family (if applicable) Name:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
(d) Unmarried child residing with the family (if applicable) Name:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time					
(e) Other Incomes (if applicable) (\$)	Contribution from children not residing together, relatives or friends	Rental income of property, land, carpark, vehicle or vessel	Interest from fixed deposit, investments	Alimony / Pension (excluding lump sum retirement gratuity)	Widows and orphans pension	Others

* 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")

Part VI Comprehensive Social Security Assistance (CSSA): Excluding Old Age Allowance / Old Age Living Allowance / Disability Allowance

21. If the student-applicant is receiving CSSA from the Social Welfare Department (SWD), please circle the "Y" box on the right Y *
22. 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 a copy of documentary proofs such as the Annex of Notification of Successful Application or Annex of Notification of Revision of Assistance.

Name(s) of the family member(s)	Effective date	CSSA reference no.	Attention:
(a)			(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) had received CSSA prior to application, 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.
(b)			

Part VII Other Special Family Information

23. If the applicant has filled in any unmarried child in Part IV of this application form who is **not** 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 Y
24. If the applicant has any special financial hardship / has incurred medical expenses for family members who are **chronically ill or permanently incapacitated**, 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

Part VIII Declaration (this part is mandatory)

I have read and fully understood the content of Guidance Notes. I hereby declare that:

- The information in this application, supplementary form(s) (if any) and the supporting documents and all other information provided and representation provided or made by me in relation to my application are true, complete and accurate. The dependent parent(s) claimed by me in this application fulfill the criteria as stipulated in the Guidance Notes (if applicable).
- I understand and consent that the Committee will assess the eligibility and assistance level of my family under the GMG Scheme based on the information provided by me, and/or in my or my spouse's application for other financial assistance schemes administered by the SFO (if applicable) and may conduct authentication of my application. 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 disqualification of my application, full recovery of the assistance granted and possible prosecution.

3. I and the student-applicant hereby agree to observe the provisions contained in the relevant document(s) and any other additional terms and conditions as may be prescribed by the Committee in writing from time to time should the application for funding be successful.
4. I consent to the Committee, the SFO and its authorised bodies (including but not limited to relevant government bureaux / departments such as the SWD, the agents of the SFO, the schools concerned, etc.) to process my application and use the personal data provided in connection with this application form and supplementary form(s) (if any) in accordance with Section 3 of the Guidance Notes and to liaise with related parties to verify and disclose the information provided by me.
5. I am authorised by all the family members listed in this application form, and hereby consent on their behalf to the Committee, the SFO and its authorised bodies to access such family members' personal data in accordance with Section 3 of the Guidance Notes and to liaise with related parties to verify and disclose the information provided by me. I consent to the SFO and the SWD to carry out the matching procedure for the purposes of processing this application.

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

Date: _____

Signature of Applicant: _____

(This part must be duly signed by the applicant (i.e. student-applicant's parent / guardian as provided in Part III of this application form). Otherwise, the application will not be processed.)

Part IX Checklist

Attention:

The application form submitted must be **original** and duly signed. It is the responsibility of the applicants to complete the application form fully and truthfully and to provide all the supporting documents. The Committee / the SFO will assess the eligibility and the level of financial assistance to be granted based on the information provided by the applicants in this application and/or the application for the other financial assistance schemes administered by the SFO. Insufficient information / misrepresentation of facts will render the application disqualified for further processing.

Please check the following items carefully. Put a "✓" for the completed tasks and a "✗" for any items not applicable.

Personal Identification

1. Copies of the HKID Card of the applicant, his / her spouse, the student-applicant and all other members mentioned in this form affixed onto Annex 1.
2. A copy of the student-applicant's valid Document of Identity for Visa Purposes for students whose HKID Card bear the symbol "C" (Conditional Stay).
3. If the HKID 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.

For student-applicants who are not successful in applying for financial assistance schemes for primary or secondary students for 2024/25 from the SFO —

Family Background

4. For single-parent families, a copy of the supporting document such as the Divorce Certificate (together with the page showing the child custody) or spouse's Death Certificate.
5. For applicant who is not the parent of the student-applicant, a written explanation on why the application is not submitted by the student-applicant's parents.

Income Certificates

6. Please submit the documentary proof of the total income earned by the applicant / applicant's spouse / unmarried children residing with the family for the period from 1.4.2023 to 31.3.2024 in accordance with the requirements listed below:

(a) Salaried employed person	<ul style="list-style-type: none"> ● Tax Demand Note issued by the Inland Revenue Department; if not available ● Employer's Return of Remuneration and Pensions Form; if not available ● Salary Statement; if not available ● Bank transaction record showing payment of salary, allowance, etc. (together with the page showing the name of bank account holder) (Please highlight the entries with colour and remarks. For any entries other than income, please also make necessary remarks next to them, or else the SFO may include the amount in calculating family income); if not available ● Original Income Certificate completed by the employer (See Annex 3), etc. 	<input type="checkbox"/>
(b) Self-employed driver or person running business (including sole proprietorship business / partnership business / limited company)	<ul style="list-style-type: none"> ● Profit and Loss Account verified by a Certified Public Accountant; if not available ● Profit and Loss Account prepared on your own (See Annex 4) and ● Personal Assessment Notice (if applicable). 	<input type="checkbox"/>
(c) Salaried employed or self-employed person who cannot provide any income proofs	<ul style="list-style-type: none"> ● Please follow Annex 2 to provide Self-prepared Income Breakdown detailing the monthly income throughout the year and explaining why income proof cannot be provided. (If the applicant cannot provide reasonable justification, SFO reserves the right to decide whether to process his / her application or not.) 	<input type="checkbox"/>
(d) Person with rental income	<ul style="list-style-type: none"> ● Tenancy Agreement; if not available ● Bank transaction record showing rental income (together with the page showing the name of bank account holder) (Please highlight the entries with colour and remarks. For any entries other than income, please also make necessary remarks next to them, or else the SFO may include the amount in calculating family income). 	<input type="checkbox"/>

Medical Expenses incurred by Family Member(s) with Chronic Illness

7. For family members (including dependent parents) who are chronically ill or permanently incapacitated, the following documents are required as proof for any medical expenses incurred:

(a) Medical Report	Medical History / Report for the period from 1.4.2023 to 31.3.2024 (Please list the details)	<input type="checkbox"/>
(b) Proofs of Medical Expenses	Proofs for Medical Expenses (e.g. medical receipts) showing the items and amount for the period from 1.4.2023 to 31.3.2024	<input type="checkbox"/>

For Official Use

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