



**2017/18 年學費資助計劃申請表**  
**Financial Assistance Scheme 2017/18**  
**Application Form**

申請編號 (供辦事處用)  
Reference No. (For Office Use)

\_\_\_ / \_\_\_ ( )

申請表格須於 2017 年 7 月 28 日 (星期五) 或之前交回本校校務處。

The application form should be completed and returned to the General Office by Friday, June 23, 2017.

填寫本申請表前請細閱申請須知。

Please read the guidance notes carefully before completing this form.

<b>(I) 就讀本校學生資料</b> <b>Student's Particulars</b>
如多於一位子女就讀於本校，請於此欄填寫所有子女的資料。 If you have more than one child studying at the College, please fill in the particulars of all your children.
1. 英文姓名 Name in English: _____ (依香港身份證所示 As shown on HKID Card)  中文姓名 Name in Chinese _____ 香港身份證號碼 HKID Card No.: _____  本學年班別 (班號) Class (Class No.) in Current School Year <u>S</u> ( )
2. 英文姓名 Name in English: _____ (依香港身份證所示 As shown on HKID Card)  中文姓名 Name in Chinese _____ 香港身份證號碼 HKID Card No.: _____  本學年班別 (班號) Class (Class No.) in Current School Year <u>S</u> ( )
3. 英文姓名 Name in English: _____ (依香港身份證所示 As shown on HKID Card)  中文姓名 Name in Chinese _____ 香港身份證號碼 HKID Card No.: _____  本學年班別 (班號) Class (Class No.) in Current School Year <u>S</u> ( )

<b>(II) 申請人資料</b> <b>Applicant's Particulars</b>
英文姓名 Name in English: _____ (請用正楷 Please use block letters)
中文姓名 Name in Chinese _____ 香港身份證號碼 HKID Card No.: _____
* 與申請學生關係 (申請人如非學生父母，請另函作解釋): Relationship with the student (Please explain in a separate letter if the applicant is not a parent of the student)
<input type="checkbox"/> 父親 Father <input type="checkbox"/> 母親 Mother <input type="checkbox"/> 合法監護人 Legal Guardian
居住地址 Residential Address: _____
日間聯絡 Daytime Contact No.: _____ 住宅電話 Residential phone no.: _____

\* 請於適當方格內填上✓號 Please tick the appropriate box

**(III) 其他家庭成員資料**  
**Particulars of Other Family Members**

**A. 配偶 Spouse\***

已婚 Married

配偶英文姓名 Name of your spouse in English: \_\_\_\_\_  
 (請用正楷 Please use block letters)

配偶中文姓名 Name of your spouse in Chinese: \_\_\_\_\_

配偶之香港身份證號碼 HKID Card No. of your spouse: \_\_\_\_\_

分居 Separated

離婚 Divorced

喪偶 Deceased

**B. 同住未婚子女 Unmarried children residing with the family (If applicable)\***

**非就讀本校的子女 Children who are NOT studying at our College**

姓名 Name	年齡 Age	在學 Under Education	就業 In Employment	失業 Unemployed	其他 Other
1. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (_____)
2. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (_____)
3. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (_____)
4. _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> (_____)

**C. 受供養父母 Dependent Parent(s)\***

姓名 Name	Age 年齡	與申請人關係 Relationship with the applicant	與申請人 家庭同住 Resided with the applicant's family	居於申請人／其 配偶自置或租用 的物業 Resided in premises owned or rented by the applicant or his/her spouse	居於安老院並由申請人／其配 偶支付有關費用或由申請人／ 其配偶提供全部生活費用 Resided in an elderly home and the expenses were fully paid by the applicant or his/her spouse OR totally supported by the applicant or his/her spouse
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* 請於適當方格內填上✓號 Please tick the appropriate box

**(IV) 家庭收入**  
**Family Income**

請填報你及你的家庭成員於 2016 年 4 月 1 日至 2017 年 3 月 31 日期間的工作資料及收入。如屬家庭主婦、失業或已退休，請註明情況及有關時段，並遞交證明文件。如有需要，可另備由申請人簽署的附頁補充。

Please provide information on your working status and relevant income and those of your family member(s) during the period from April 1, 2016 to March 31, 2017. If you / your family member(s) was a housewife, was unemployed or retired during the period, please specify the status and relevant duration. Additional sheets signed by the applicant may be added if there is insufficient space to provide information.

申請人及家庭成員 Applicant and family member	職位 Position	工作機構名稱 Company's name	辦事處電話 Office Tel. No.	全年總收入 Total Annual Income (\$)
申請人 Applicant				
配偶 Spouse				
同住未婚子女(如適用) Unmarried child residing with the family (if applicable) 姓名 Name: _____				
同住未婚子女(如適用) Unmarried child residing with the family (if applicable) 姓名 Name: _____				
同住未婚子女(如適用) Unmarried child residing with the family (if applicable) 姓名 Name: _____				
同住未婚子女(如適用) Unmarried child residing with the family (if applicable) 姓名 Name: _____				
其他收入 (如適用) Other income (if applicable)				
租金收入 Rental income				
贍養費 Alimony				
子女及親友津助 Contribution from children, relatives or friends				
其他 (請說明) Others (please specify)				

總計 Total: \_\_\_\_\_

**(V) 綜合社會保障援助 (綜援)**  
**Comprehensive Social Security Assistance (CSSA)**

本人、本人配偶及／或同住之未婚子女目前 (請在適當方格內填上 ✓ 號) :

At the moment, I, my spouse and the unmarried child/children residing with me are (Please tick the appropriate box):

- 並無領取綜援。  
not in receipt of CSSA.
- 正申請綜援，但未知結果。(請提交有關申請文件副本)  
now applying for CSSA. The result has not yet been released. (Please provide a copy of the application document)
- 正接受綜援，檔案編號 \_\_\_\_\_。(請提交有關文件副本)  
now in receipt of CSSA provided by the Social Welfare Department. The Reference No. is \_\_\_\_\_.(Please provide a copy of the relevant documents)

**(VI) 學生資助辦事處的津貼****Financial Assistance Provided by the Student Financial Assistance Agency (SFAA)**

請註明你的子女目前是否正在接受學生資助辦事處所提供的津貼（請在適當方格內填上✓號）：

Please Indicate whether your child/children is/are receiving assistance provided by the SFAA (Please tick the appropriate box):

- 是。（請註明子女的姓名）  
Yes. (Please indicate the name of the child/children)
1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_
- 不是。  
No.
- 已遞交申請，但未知結果。  
Application has been submitted. The result has not yet been released.
- 沒有遞交申請。  
No application has been submitted.

**(VII) 其他有關家庭狀況的特別資料 (如有需要，請填寫)****Other Special Family Information (If applicable)**

- 本人及本人配偶須負擔患有痼疾或永久殘缺家庭成員的醫療開支 (請詳述情況、有關時段及提供有關證明文件)。  
At the moment, I and my spouse have incurred medical expenses for family members who are chronically ill or permanently incapacitated (please state details of the situation, relevant duration and submit supporting documents).

**VIII) 申請人聲明****Applicant Declaration**

本人\_\_\_\_\_ (姓名) 已閱讀及完全明白學費資助計劃申請須知。本人完全明白及同意申請資助的有關安排。本人特此承諾及保證遵從一切在申請須知內列出的要求及細則作此申請，以及香港特別行政區政府可能不時發出的其他要求及指示。本人特此聲明：

1. 本人於申請表內填報的資料及所提交的證明文件均屬完整真確；
2. 本人同意校方根據申請須知第 9 段處理及使用本人在申請表內提供的個人資料，並向有關人士查核及透露有關的個人資料。
3. 本人明白及同意校方會根據本人所提供的一切資料評估本人家庭的資助資格及幅度；
4. 本人明白如誤報或漏報資料，本人的申請資格可能被取消及／或需歸還已發給的資助金額，有關學生更可能被開除學籍。

I, \_\_\_\_\_ (Name) have read and fully understood the "Guidance Notes Concerning an Application for the College's Financial Assistance Scheme" (GN). I fully understand and agree to the arrangements stated therein in relation to my application. I undertake and warrant that I shall comply with all provisions in the GN and such other requirements and directions as specified from time to time by the HKSAR Government. I hereby declare that:

1. The information and documentary evidence that I provided in this application form are complete and true.
2. I give consent to the College to process my application and use the personal data provided to the College in connection with this application form in accordance with Paragraph 9 of the GN and to liaise with related parties to verify and disclose the information provided to the College.
3. I understand and consent that the College will assess the eligibility and assistance level of my family based on the information provided by me.
4. I understand that any misrepresentation or omission may lead to disqualification of application and/or full recovery of any financial assistance already granted, and/or expulsion of the student concerned.

日期  
Date: \_\_\_\_\_

申請人簽署  
Signature of Applicant: \_\_\_\_\_

**附加聲明 (如適用) Additional Declaration (if applicable)**

**核對表 Checklist**

你是否已附上下列證明文件的副本? 請在適當方格內填上 ✓ 號。

Have you enclosed copies of the following documents? Please tick the appropriate boxes.

**(A) 必須遞交  
Compulsory**

- 已填妥的申請表格，包括於聲明部份簽署  
Completed Application Form with applicant's signature in declaration.
- 申請人香港身份證  
Applicant's HKID card
- 其他家庭成員的身份證明文件  
A copy of the identity documents of other family members
- 申請人及配偶於 2016 年 4 月 1 日至 2017 年 3 月 31 日期間**所有**銀行戶口紀錄(存摺 / 月結單 / 定期存款單)  
**All** bank books / bank statements / fixed deposit statements of the applicant's and spouse's bank accounts, for the period from April 1, 2016 to March 31, 2017
- 申請人、申請人配偶及有收入之同住未婚子女需要遞交的收入證明 (參閱 “申請須知” 第 8.1.3 項)  
Evidence of Income Required from the Applicant, his/her Spouse and any Unmarried Children Residing with the Applicant (please refer to point 8.1.3 within the “Guidance Notes”).

**(B) 適用者遞交  
If applicable**

- 分居／離婚證明文件或配偶死亡證明文件副本 / 附有申請人簽署的通知書提供合理解釋  
Supporting documents for separation / divorce or spouse's Death Certificate / explanation in writing of the reasons and sign on an explanatory note
- 申請人同住之未婚子女學生証  
Applicant's unmarried children's student's card(s) (card(s) should show the school year and which Form)
- 2016 年 4 月 1 日至現時**有關社會福利署發放綜援金額的文件  
Documents **from period of April 1, 2016 to the present** that indicate the amount of CSSA issued by the Social Welfare Department
- 獲學生資助辦事處批核津貼的證明文件  
Approved documents from the Student Financial Assistance Agency that indicate a level of assistance
- 患有痼疾或永久殘缺家庭成員的醫療開支有關證明文件  
Supporting documents that indicate incurred medical expenses for family members who are chronically ill or permanently incapacitated
- 供養父母的證明文件，如租單、住址證明或安老院收據等  
Supporting documents including tenancy agreements, proof of residential address or a receipt from a home for the elderly, etc

**供本校填寫 For Office Use**

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香港管理專業協會李國寶中學  
HKMA David Li Kwok Po College

收入證明書 INCOME CERTIFICATE

(適用於未能提供 8.1.3 部份中第 1-4 項收入證明的受薪人士)

(For salaried employed person who cannot provide items 1-4 of income proof as listed in paragraph 8.1.3)

- 僱員姓名 Name of Employee : \_\_\_\_\_
- 香港身份證號碼 HKID Card No. : \_\_\_\_\_
- 受僱職位 Capacity in Which Employed : \_\_\_\_\_
- 2016 年 4 月 1 日至 2017 年 3 月 31 日之僱用期間 Period of employment from April 1, 2016 to March 31, 2017:  
由 From \_\_\_\_\_ 至 to \_\_\_\_\_
- 2016 年 4 月 1 日至 2017 年 3 月 31 日內該僱員所獲得之入息 :  
Particulars of Income accruing from April 1, 2016 to March 31, 2017:

細則 Particulars	期間 Period							款額 Amount
	日 Day	月 Month	年 Year		日 Day	月 Month	年 Year	
薪俸/工資 Salary/Wages				至 to				\$
佣金/花紅 Commission/Bonus				至 to				\$
超時工作工資 Overtime Pay				至 to				\$
補發薪金/雙糧 Back Pay/Double Pay				至 to				\$
退休或終止服務時之獎賞或報酬 Terminal Awards, Gratuities				至 to				\$
津貼 (膳食/交通/生活等) Allowance (Meals/Travelling/Living, etc.) 性質 Nature : _____				至 to				\$
其他 Others 性質 Nature : _____				至 to				\$
總額 Total								\$

- 支付僱員薪酬之方法：現金/支票/過戶/其他 (請註明) : \_\_\_\_\_  
Method of paying remuneration: Cash/Cheque/Direct Credit to Account/Others (Please Specify) \_\_\_\_\_

根據本人/本公司紀錄，本人茲證明上述資料全部正確無誤。

I certify that according to my/our records the above information is true and correct.

僱主/公司/店行印鑑 Employer's Official Chop	僱主或負責人簽署 Signature of Employer : _____  姓名 (請以正楷填寫) Name (in block letters) : _____  職位 Designation : _____  日期 Date : _____  僱主/公司/店行名稱 Name of Employer/Firm : _____  地址 Address : _____  Telephone No. 電話號碼 : _____
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(注意：本證明書必須是正本，並備有公司蓋章、僱主簽署等聯絡資料。如有刪改/塗改，須由僱主在旁加簽。)

(Note: The original copy of this Certificate must bear the company chop, signature and other contact information. Employer's initial is required against any deletion / amendment.)

香港管理專業協會李國寶中學  
HKMA David Li Kwok Po College

營業損益表 Profit & Loss Account

(適用於的士司機/貨車司機/小巴司機的自僱人士) (For self-employed taxi driver/lorry driver/minibus driver)

從事下述職業的家庭成員姓名： \_\_\_\_\_  
Name of family member engaged in the following business

職業 Occupation： \* 的士司機 Taxi driver / 貨車司機 Lorry driver / 小巴司機 Minibus driver (請圈出適用者 please circle)

工作性質 Job nature： 車主 Vehicle owner / 租車司機 vehicle lessee (請圈出適用者 please circle)

牌照編號 License number (車主適用 for vehicle owner only)： \_\_\_\_\_

**營業損益表 Profit and Loss Account**

(由 2016 年 4 月 1 日至 2017 年 3 月 31 日 From April 1, 2016 to March 31, 2017)

**收入項目 Income (HK\$)**

1. 租金 Rent (只適用於車主 for vehicle owner only)	\$
2. 自營業務之收益 Profit from operating business	\$
3. 其他 Others (請詳列所有項目及各細項金額 please specify all items & breakdown of amount)	\$ _____
(A) 營業總收入 Total Income	\$ _____

**支出項目 Expenditure (不包括車輛按揭金額 excluding vehicle mortgages) (HK\$)**

(第 1 及 2 項適用於租車司機，第 2 至 5 項適用於車主 1 & 2 are applicable to vehicle lessee, 2 to 5 are applicable to vehicle owner)

1. 租車支出 Vehicle rental fee	\$
2. 燃油費 Fuel charges	\$
3. 保險 Insurance premium	\$
4. 維修 Maintenance fee	\$
5. 牌費 License fees	\$
6. 其他 Others (請詳列所有項目及各細項金額 please specify all items & breakdown of amount)	\$ _____
(B) 營業總支出 Total Expenditure	\$ _____

**淨盈利 Net Profit**

(A) 總收入 Total Income – (B) 總支出 Total Expenditure	\$ _____
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(請將此金額填寫於「家庭收入」內 This amount should be filled in "Family Income")

備註 Remarks (未能提供收入證明文件的原因 reason for not being able to provide income proof):

\_\_\_\_\_  
\_\_\_\_\_

從事上述職業的家庭成員簽署： \_\_\_\_\_ 日期： \_\_\_\_\_  
Signature of family member engaged in the above business Date

申請人姓名及簽署 Applicant Name and signature: \_\_\_\_\_

香港管理專業協會李國寶中學  
HKMA David Li Kwok Po College

營業損益表 Profit & Loss Account

(適用於經營業務人士 (包括獨資經營/合夥業務))  
(For person running business (including sole proprietorship/partnership business))

從事下述公司的成員姓名(東主) : \_\_\_\_\_  
Name of family member running the following company (Owner)

公司名稱 Company name : \_\_\_\_\_

業務性質 Nature of business : \_\_\_\_\_

公司地址 Company address : \_\_\_\_\_

獨資或合夥 Sole proprietorship or partnership : \_\_\_\_\_  
(如屬合夥, 請說明利潤分配比率 If it is a partnership, please specify the profit sharing ratio)

**營業損益表 Profit and Loss Account**

(由 2016 年 4 月 1 日至 2017 年 3 月 31 日 From April 1, 2016 to March 31, 2017)

**(A) 總收益 Gross Income (HK\$)** \$ \_\_\_\_\_

**支出項目 Expenditure (HK\$)**

(以下所有支出均屬經營生意支出, 不應包括家庭開支 The following is the running cost of the company and should not cover any household expenses.)

購貨成本 Cost on purchasing merchandise	\$
水費 Water charges	\$
電費 Electricity charges	\$
煤氣費 Gas charges	\$
電話費 Telephone charges	\$
運輸費 Transportation costs	\$
保險費 Insurance premium	\$
租金及差餉 Rent and rates	\$
其他僱員薪金 (不包括東主及其他家庭成員) Salary of employees (other than owner and other family members)	\$
東主在公司支取的薪金 Salary of owner paid by this company	\$
其他家庭成員在公司支取的薪金 Salary of other family member(s) paid by this company	\$
其他 Others (請詳列所有項目及各細項金額 please specify all items & breakdown of amount)	\$

**(B) 總支出 Total Expenditure** \$ \_\_\_\_\_

**家庭收入 Net Profit**

(A) 總收益 Total Income - (B) 總支出 Total Expenditure + 東主 / 其他家庭成員在公司支取的薪金 Salary of owner / other family member(s) paid by this company \$ \_\_\_\_\_  
(請將此金額填寫於「家庭收入」內 This amount should be filled in "Family Income")

備註 Remarks (未能提供收入證明文件的原因 reason for not being able to provide income proof):

\_\_\_\_\_  
\_\_\_\_\_

東主簽署 Owner Signature: \_\_\_\_\_ 日期 Date: \_\_\_\_\_

申請人姓名及簽署 Applicant Name and signature: \_\_\_\_\_



香港管理專業協會李國寶中學  
HKMA David Li Kwok Po College

收入自述書 Self-prepared Income Breakdown

(適用於未能提供收入證明的小販/三行工人/裝修工人/地盤雜工/散工/清潔工人)(For hawkker / construction worker / renovation worker / casual worker / cleaner who cannot provide income proof)

[必須填寫下列所有項目 Please fill in all of the following items]

從事下述行業的家庭成員姓名：\_\_\_\_\_

Name of family member engaged in the following business

此家庭成員與申請人的關係：# 申請人 Applicant / 申請人配偶 Spouse / 申請人子女 Child (請圈出適用者 please circle)

The relationship between this family member and the applicant

行業 Nature of Industry: \_\_\_\_\_ 職位 Position: \_\_\_\_\_

**實際收入 Actual Income**

(請填報實際收入，校方不接受約數。如該月份沒有收入，請填上\$0，切勿留空。Please fill in actual figure. If you do not have any income in a specific month, please fill in \$0.)

2016年4月 \_\_\_\_\_ 2016年5月 \_\_\_\_\_ 2016年6月 \_\_\_\_\_  
Apr 2016 May 2016 Jun 2016

2016年7月 \_\_\_\_\_ 2016年8月 \_\_\_\_\_ 2016年9月 \_\_\_\_\_  
Jul 2016 Aug 2016 Sep 2016

2016年10月 \_\_\_\_\_ 2016年11月 \_\_\_\_\_ 2016年12月 \_\_\_\_\_  
Oct 2016 Nov 2016 Dec 2016

2017年1月 \_\_\_\_\_ 2017年2月 \_\_\_\_\_ 2017年3月 \_\_\_\_\_  
Jan 2017 Feb 2017 Mar 2017

全年合共 Total Annual Income (HK\$) \_\_\_\_\_

支取薪金方法 Payment method:

- 現金 Cash / 現金支票 Cash cheque  
 劃線支票 By cheque / 自動轉帳 Direct credit (請提供戶口資料並標示此筆收入 please provide transaction record)

未能提供收入證明文件的原因 Reason for not being able to provide income proof

- 沒有固定僱主 No fixed employer  
 前受僱的公司已倒閉，未能索取證明文件及沒有其他收入證明 The company has wound up and cannot obtain documentary proof from the ex-employer and do not have any other income proof  
 其他，請註明 Others, please specify: \_\_\_\_\_

請於適當空格加✓號 Please ✓ in appropriate box

聲明：本人謹此聲明，以上資料均屬完整真確。

**Declaration: I declare that the above information is true and complete.**

從事上述行業的家庭成員簽署：\_\_\_\_\_ 日期：\_\_\_\_\_  
Signature of family member engaged in the above business Date

申請人姓名及簽署 Applicant Name and signature: \_\_\_\_\_