



Heung To Middle School

Application for Financial Assistance

2024-2025

Student Name: _____ Class No: _____

Date of Application: _____

Received by School Office on: _____

If the application is complete and the applicant is eligible, applications submitted on or before the 15th of each month will take effect the following month. Otherwise, the effective date will be postponed by one month.

Part 1: Applicant (Father/Mother or Guardian)

Chinese Name			HKID Card Number		
Home Telephone Number		Daytime Contact Number		Date of Birth	
Residential Address					

Part 2: Family Members

A. Spouse Please indicate the applicant's marital status between April 1, 2023, and March 31, 2024: (Please tick '✓' the appropriate box)			
<input type="checkbox"/> Married	Chinese Name:		
	HKID Card Number:	Date of Birth:	
<input type="checkbox"/> Divorced / Separated / Spouse Deceased / Others _____ (Please provide a copy of relevant supporting documents. Information of the spouse if not required)			
B. Child/Children of the Applicant Currently Enrolled in School			
Name in English		Name in Chinese	
HKID Card Number		Date of Birth	
School Attended	Heung To Middle School	Grade Level	
Name in English		Name in Chinese	
HKID Card Number		Date of Birth	
School Attended		Grade Level	
Name in English		Name in Chinese	
HKID Card Number		Date of Birth	
School Attended		Grade Level	
Name in English		Name in Chinese	
HKID Card Number		Date of Birth	
School Attended		Grade Level	

C. Dependent Parents Living with the Applicant		
Name in English	Father	Mother
Name in Chinese		
HKID Card Number		
Date of Birth		

Part 3: Family Income

The applicant and their family members are currently receiving Comprehensive Social Security Assistance (CSSA) (*Please tick the box if applicable and submit a copy of the "Medical Expenses Exemption Certificate")

The student is eligible for the Student Financial Assistance Scheme (Tick the appropriate: Full Half None) and submit a copy of the "Student Financial Assistance Scheme Result Notification"

Please complete and submit the following documents as proof: the positions, industries, and income of the applicant and their family members during the period between 1 April 2023 and 31 March 2024 (Documents such as tax returns, company salary certificates etc. are also accepted).

Applicant and Family Members	Position	Industry	Office Telephone	Total Annual Income (HK\$) *Net income after deducting MPF contributions
A. Applicant				A.
B. Spouse				B.
C. Other Family Members' Income *				C.
*30% of the total annual income of unmarried children living with the applicant's family (if applicable)				
Rent Income / Alimony / Child and Relatives' Allowance / Others (please specify: _____)				D.
Total, i.e., A + B + C + D =				
Adjusted Family Income = (A+B+C+D) / (Number of family members + 1) or (Number of single-parent family members with 2-3 members + 2) =				

Part 4: Other Family Circumstances

If there are any special financial difficulties such as unemployment, or the need to cover medical expenses for chronic or permanent disabilities, please provide detailed information and supporting documents.

Part 5: Declaration

I declare that the information provided on this application form, my statements, and the supporting documents submitted are true, complete, and accurate. I understand and agree that Heung To Middle School will assess my family's eligibility for financial assistance and the amount will be based on all the information I have provided. If I have made any false or misleading statements, withheld information, or intentionally obstructed the investigation of Heung To Middle School staff, Heung To Middle School has the right to cancel my application and require me to return all financial assistance received. I also agree to immediately return any overpayment of financial assistance at the request of Heung To Middle School.

Date: _____

Applicant's Signature: _____

For School Use Only		
Class Teacher's Comments	School Office Comments	School Scholarship and Financial Assistance Management Review Panel Comments
<input type="checkbox"/> Agree <input type="checkbox"/> Disagree Signature: _____ Date: _____	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree Signature: _____ Date: _____	Supporting Documents: <input type="checkbox"/> CSSA <input type="checkbox"/> Full Student Finance <input type="checkbox"/> Half Student Finance <input type="checkbox"/> Others Approval Result: Fee Remission Full/Half/Ineligible Total Amount of Aid for the Year: _____ Signature: _____ Date: _____