





**Part V Family Income (1 April 2009 to 31 March 2010)**

17. Family Income
- Please provide information on your employment including your occupation, name of organization, office telephone number and total annual income and those of your family member(s) during the period from 1 April 2009 to 31 March 2010. Please use additional sheet if necessary.
  - If you/your family member(s) has retired/ was unemployed or was a housewife/ a part-time worker during the period aforementioned, please specify the status and relevant duration.
  - If your spouse had deceased, you and your spouse had divorced/separated or your spouse had received 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 assessment period and follow point 5 of Part IX "Checklist" in submitting the proofs. If no documentary evidence can be provided, please refer to Paragraphs 5.5 & 5.9 of the Guidance Notes and provide details of the family income by completing Annex 2. For such cases, the Student Financial Assistance Agency (SFAA) reserves the right to apply benchmark figures on the basis of the statistical information provided by relevant government departments, such as the Census and Statistics Department to assess your income and those of your family member(s).

| Applicant and Family Members  | Occupation (Please state the period)  | Name of Organization & Office Tel. No. |                                       | Total Annual Income * (\$)                      | For Official Use                  |        |  |
|---|---|--|---------------------------------------|---|-----------------------------------|--------|--|
| (a) Applicant<br>Name:  |   |  |                                       |   |                                   |        |  |
| (b) Spouse<br>Name:   |   |  |                                       |   |                                   |        |  |
| (c) Unmarried child residing with the family<br>Name:   |   |  |                                       |   |                                   |        |  |
| (d) Unmarried child residing with the family<br>Name:   |   |  |                                       |   |                                   |        |  |
| (e) Unmarried child residing with the family<br>Name:   |   |  |                                       |   |                                   |        |  |
| (f) Other Incomes (\$)  | Contribution from relatives/ friends/ children not residing with the family (Exclude loans) | Rental Income                          | Interest from fixed deposits / shares | Alimony/ Pension (Exclude the lump sum pension) | Widow's & children's compensation | Others |  |
|   |   |  |                                       |   |                                   |        |  |
| *Total Annual Income:<br>Salary(including the salary of the applicant, spouse and unmarried child residing with the family for full-time, part-time or temporary job inclusive of Provident Fund or Mandatory Provident Fund contribution), double pay/ leave pay, all kinds of allowances, bonus/ commission/ tips, wages in lieu of notice of dismissal, profit from business/ investment, etc. |   |  |                                       |   |                                   |        |  |

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

18. If the student-applicant is receiving CSSA from the Social Welfare Department (SWD), please circle the "Y" box on the right -----  Y \*
19. 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 documentary proofs such as the notification letter or the Certificate of Medical Waiver for CSSA recipients.

| Name(s) of the family member(s) | Effective date | CSSA reference no. | Attention:  |
|---------------------------------|----------------|--------------------|---|
| (a)                             |                |                    | (1) The student-applicant must not be in receipt of CSSA in his/her own name or under the applicant's family. (2) If the applicant/any family member(s) received CSSA during the period from 1 April 2009 to 31 March 2010, please provide the relevant documents. (3) If the student-applicant has successfully applied for CSSA after submitting this application, please inform the office as soon as practicable. |
| (b)                             |                |                    |   |

**Part VII Other Special Family Information**

20. If the applicant has filled in any unmarried child in Part IV 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
21. 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 details of the situation, relevant duration, provide relevant supporting documents and circle the "Y" box on the right -----  Y

**Part VIII Declaration**

- I have read and fully understood the Guidance Notes on the GMG Scheme. I declare that:
- The information in this application and the supporting documents provided by me are true, complete and accurate. The dependent parent(s) claimed by me in this application fulfill the criteria as stipulated in the Guidance Notes.
  - I understand and consent that the Grantham Scholarships Fund Committee (Committee) will assess the eligibility of and assistance amount to be granted to my family under the GMG Scheme based on the information provided in this application, and/or in my or my spouse's application for other financial assistance schemes administered by SFAA (if applicable) and may conduct investigation on my application. SFAA may make adjustments to the assistance level/amount of financial assistance granted based on the findings of the investigation. Any misrepresentation, concealment of facts, provision of misleading or false information or intentional obstruction of SFAA staff in the course of investigation will lead to disqualification of my application, restitution in full of the assistance granted and possible prosecution.
  - I have read and given consent to the Committee, SFAA and its authorized bodies to process and use the personal data of myself and the student-applicant provided in connection with this application in accordance with Section 3 of the Guidance Notes. I have been authorized by all the family members listed in this application to give consent and hereby give consent on their behalf to the Committee, SFAA and its authorized bodies to process and use such family members' personal data in accordance with Section 3 of the Guidance Notes. I also give my consent and consent on behalf of all family members for the Committee and SFAA to liaise with related parties to verify and disclose the personal data provided by me and all family members in this application form. Related parties include the present/previous employer(s) of myself/my spouse/unmarried children residing with the family, schools, government departments such as the Education Bureau, the Social Welfare Department and the Inland Revenue Department.

Date : \_\_\_\_\_ Signature of Applicant : \_\_\_\_\_  
(This part must be duly signed. Otherwise, the application will not be processed)

**Part IX Checklist**

**Attention :**

It is the responsibility of the applicants to complete the application form fully and truthfully and to provide all the supporting documents. The Grantham Scholarships Fund Committee/SFAA will assess the eligibility for 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 SFAA. 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 “X” for any items not applicable.**

**Personal Identification**

1. Copies of the HK Smart ID 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’s valid travel document for students whose HKID Card bear the symbol “C” (Conditional Stay).

**Family Background**

3. For single-parent families, a copy of the supporting document such as the divorce certificate, death certificate or report of the missing persons.

4. For applicant who is not the parent of the student-applicant, written explanation on why the application is not submitted by the parent.

**Income Certificates**

5. 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 April 2009 to 31 March 2010 in accordance with the requirements listed below:

|  |   |                          |
|--|---|--------------------------|
| (a) Salaried employed person   | <ul style="list-style-type: none"> <li>● Tax Demand Note issued by the Inland Revenue Department; if not available</li> <li>● Employer’s Return of Remuneration and Pensions Form; if not available</li> <li>● Salary Statement; if not available</li> <li>● 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); if not available</li> <li>● Income Certificate certified by the employer (See Annex 3), etc.</li> </ul> | <input type="checkbox"/> |
| (b) Self-employed vehicle driver, sole proprietor or partner of partnership business                           | <ul style="list-style-type: none"> <li>● Profit and Loss Account verified by a Certified Public Accountant ; if not available</li> <li>● Self-prepared Profit and Loss Account (See Annex 4) <u>and</u></li> <li>● Personal Assessment Notice (if applicable).</li> </ul>   | <input type="checkbox"/> |
| (c) Salaried employed or self-employed person (except category (b) above) who cannot produce any income proofs | <ul style="list-style-type: none"> <li>● Please follow Annex 2 to provide Self-prepared Income Breakdown detailing the calculation of the reported income and explaining why income proof cannot be produced. (SFAA reserves the right to decide whether applications from those applicants who cannot provide reasonable justification for not producing income proof would be accepted.)</li> </ul>   | <input type="checkbox"/> |
| (d) Landlord with rental income  | <ul style="list-style-type: none"> <li>● Tenancy Agreement ; if not available</li> <li>● 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 SFAA may include the amount in calculating family income).</li> </ul>  | <input type="checkbox"/> |

**Medical Expenses of Chronic Diseases**

6. 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 1 April 2009 to 31 March 2010 (Please list the details)                                   | <input type="checkbox"/> |
| (b) Proofs of Medical Expenses | Proofs for Medical Expenses (such as medical receipts), showing the items and amount for the period 1 April 2009 to 31 March 2010 | <input type="checkbox"/> |

**For Official Use**

|  |  |  |
|--|--|--|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

## Copies of Hong Kong Smart Identity Cards / Mailing Address

- A. 請把學生、申請人及 / 或配偶及所有在第四部份所填報家庭成員的香港智能身份證副本貼在下面及後頁適當的空格內。

(如沒有香港智能身份證人士，請夾附其他有關的身份證明文件副本，如香港出世紙、回港證、簽證身份書、單程證、中華人民共和國居民身份證等。)

Please paste the **HK Smart ID Card copies** of the student-applicant, the applicant and/or the applicant's spouse and all the family members listed in Part IV in the appropriate spaces below and overleaf :-

(As for those without a Hong Kong Smart Identity Card, please attach copies of other identity documents, such as Hong Kong Birth Certificate, Hong Kong Re-entry Permit, Document of Identity for Visa Purpose, One-way Permit and Mainland Identity Card.)

|                              |
|------------------------------|
| 申請人                          |
| Applicant                    |
| 香港智能身份證副本                    |
| Copy of the HK Smart ID Card |

申請人 Applicant

|                              |
|------------------------------|
| 申請人配偶                        |
| Spouse of the Applicant      |
| 香港智能身份證副本                    |
| Copy of the HK Smart ID Card |

配偶 Spouse

|                              |
|------------------------------|
| 申請學生                         |
| Student-applicant            |
| 香港智能身份證副本                    |
| Copy of the HK Smart ID Card |

申請學生 Student-applicant

|                              |
|------------------------------|
| 家庭成員                         |
| Family Member                |
| 香港智能身份證副本                    |
| Copy of the HK Smart ID Card |

家庭成員 Family Member

- B. 申請人郵寄地址 Applicant's Mailing Address

(請以正楷填寫本回條 Please complete this address-slip in BLOCK LETTERS)

|   |   |   |
|---|---|---|
| 姓名 Name:<br>_____<br>地址 Address:<br>_____<br>_____<br>_____ | 姓名 Name:<br>_____<br>地址 Address:<br>_____<br>_____<br>_____ | 姓名 Name:<br>_____<br>地址 Address:<br>_____<br>_____<br>_____ |
|---|---|---|

家庭成員  
**Family Member**

香港智能身份證副本  
Copy of the HK Smart ID Card

家庭成員 Family Member

家庭成員  
**Family Member**

香港智能身份證副本  
Copy of the HK Smart ID Card

家庭成員 Family Member

家庭成員  
**Family Member**

香港智能身份證副本  
Copy of the HK Smart ID Card

家庭成員 Family Member

家庭成員  
**Family Member**

香港智能身份證副本  
Copy of the HK Smart ID Card

家庭成員 Family Member

家庭成員  
**Family Member**

香港智能身份證副本  
Copy of the HK Smart ID Card

家庭成員 Family Member

家庭成員  
**Family Member**

香港智能身份證副本  
Copy of the HK Smart ID Card

家庭成員 Family Member

收入自述書  
Self-prepared Income Breakdown

附表  
Annex

2

(適用於未能提供收入證明的申請人如小販、三行工人、裝修工人、地盤雜工、散工、清潔工人等。)  
(For applicants who cannot provide income proofs such as hawker, construction worker, renovation worker, casual worker, cleaner.)

警告 / WARNING

申請人必須詳實填妥申請書。如有虛報或隱瞞事實，葛量洪獎學基金委員會可能會取消申請人的申請資格及 / 或要求申請人全數歸還已發給的資助金額，更可能將事件轉交警方檢控。申請人須注意，根據盜竊罪條例 (香港法例第210章)，任何人士以欺詐手段取得財產 / 金錢利益是違法行為，一經定罪，可被判入獄十年。

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, and possible prosecution by the Police. 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 10 years under the Theft Ordinance, Chapter 210.

(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 the family member engaged in the following business : \_\_\_\_\_  
(每份收入自述書只可填寫一位家庭成員的收入資料)  
(Each self-prepared income breakdown should contain the income information of ONE family member only)

此家庭成員與申請人的關係：# 申請人 / 申請人配偶 / 申請人子女 (#請圈一項)  
The relationship between this family member and the applicant : # Applicant / Spouse / Child (# please circle as appropriate)

行業 (例：建造業) : \_\_\_\_\_  
Nature of Industry (e.g. Construction) : \_\_\_\_\_

職位 (例：三行工人) : \_\_\_\_\_  
Position (e.g. construction worker) : \_\_\_\_\_

實際收入 (如該月份沒有收入，請填上\$0，切勿漏空任何月份)  
Actual Income (If you do not have any income in a specific month, please fill in \$0. Do not leave any month blank)

| <u>2009</u>                 |                        | <u>2010</u>           |  |
|-----------------------------|------------------------|-----------------------|--|
| 4月 : HK\$ _____             | 9月 : HK\$ _____        | 1月 : HK\$ _____       |  |
| April : HK\$ _____          | September : HK\$ _____ | January : HK\$ _____  |  |
| 5月 : HK\$ _____             | 10月 : HK\$ _____       | 2月 : HK\$ _____       |  |
| May : HK\$ _____            | October : HK\$ _____   | February : HK\$ _____ |  |
| 6月 : HK\$ _____             | 11月 : HK\$ _____       | 3月 : HK\$ _____       |  |
| June : HK\$ _____           | November : HK\$ _____  | March : HK\$ _____    |  |
| 7月 : HK\$ _____             | 12月 : HK\$ _____       |                       |  |
| July : HK\$ _____           | December : HK\$ _____  |                       |  |
| 8月 : HK\$ _____             |                        |                       |  |
| August : HK\$ _____         |                        |                       |  |
| 全年合共 : _____                |                        |                       |  |
| Total Annual Income : _____ |                        |                       |  |

支取薪金方法 (請圈以下適當方格，可選擇多項)  
Payment method (Please circle the appropriate item. More than one item may be selected)

- A 現金 / 現金支票  
By Cash / Cash cheque
- B 劃線支票 / 自動轉賬 (請提供銀行存摺副本連戶口持有人姓名頁以茲證明)  
By Cheque / Direct Credit (please provide a copy of the transaction record together with the page showing the name of the bank account holder for verification)

未能提供收入證明文件的原因 (請圈以下適當方格)  
Reason for not being able to provide income proof (Please circle the appropriate box)

- A 沒有固定僱主。  
I have no fixed employer.
- B 前受僱的公司已倒閉，未能向前僱主索取證明文件。  
The company I worked for has wound up and I cannot obtain documentary proof from the ex-employer.
- C 其他，請註明：  
Others, please specify : \_\_\_\_\_

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\*申請人/家庭成員簽名 : \_\_\_\_\_  
Signature of \*applicant / family member engaged in the above business : \_\_\_\_\_

\*申請人/家庭成員姓名 : \_\_\_\_\_ \*申請人/家庭成員香港身份證號碼 : \_\_\_\_\_  
Name of \*Applicant / Family Member : \_\_\_\_\_ HKID No. of \*Applicant / Family Member : \_\_\_\_\_

\*申請人/家庭成員簽名 : \_\_\_\_\_ 日期 : \_\_\_\_\_  
Signature of \*Applicant / Family Member : \_\_\_\_\_ Date : \_\_\_\_\_

\* 請刪除不適用者。 Please delete where inappropriate.

## 申請人 / 申請人配偶 / 同住未婚子女收入證明書

## INCOME CERTIFICATE

## FOR APPLICANT / APPLICANT'S SPOUSE / UNMARRIED CHILDREN RESIDING WITH THE FAMILY

(適用於受薪行業而沒法提供糧單、薪俸稅單、領取薪金的銀行自動轉賬紀錄或

其他收入證明的申請人/配偶/同住未婚子女)

**(For applicants, applicants' spouses or unmarried children residing with the family who cannot produce Salary Statement, Salaries Tax Demand Note, Bank Statement showing autopayment of salaries or other income proofs)**

第一部 申請學生及申請人個人資料(此欄由申請人填寫)

Part I Particulars of Student-applicant and Applicant (To be completed by Applicant)

學校名稱

Name of School \_\_\_\_\_

學生姓名

Name of Student \_\_\_\_\_

申請人姓名

Name of Applicant \_\_\_\_\_

班級

Class \_\_\_\_\_

與學生關係

Relationship with Student \_\_\_\_\_

第二部 申請人/申請人配偶/同住未婚子女<sup>#</sup>入息資料(此欄由申請人/申請人配偶/同住未婚子女<sup>#</sup>僱主填寫)Part II Particulars of Income of Applicant/Applicant's Spouse/Unmarried Child(ren) Residing with the Family<sup>#</sup> (To be completed by Employer of Applicant / Applicant's Spouse / Unmarried Child(ren) Residing with the Family<sup>#</sup>)

## 收入證明書 INCOME CERTIFICATE

茲證明 \_\_\_\_\_ (香港身份證號碼 \_\_\_\_\_) 乃本公司職員，職位是 \_\_\_\_\_。

在 2009 年 4 月 1 日 至 2010 年 3 月 31 日期間(如不足十二個月，請註明受僱日期：\_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日 至

\_\_\_\_\_ 年 \_\_\_\_\_ 月 \_\_\_\_\_ 日)，其總薪金(包括津貼、僱員強積金供款、佣金、花紅、雙糧、假期工資等其他收入)的全

年總和為港幣 \_\_\_\_\_ 元\*。

This is to certify that \_\_\_\_\_ (HKID Card No. \_\_\_\_\_) is employed by this company as \_\_\_\_\_.

His/Her total salary (including allowance, Mandatory Provident Fund contribution by employee, bonus, double pay, leave pay and other income) during the period from 1 April 2009 to 31 March 2010 (please specify the exact employment period if it was less than

12 months: from \_\_\_\_\_ to \_\_\_\_\_) is \*HK\$ \_\_\_\_\_.

僱主簽名

Signature of Employer : \_\_\_\_\_

僱主姓名

Name of Employer : \_\_\_\_\_

公司蓋章

Company Chop : \_\_\_\_\_

聯絡電話

Telephone No. : \_\_\_\_\_

公司地址

Company Address : \_\_\_\_\_

日期

Date : \_\_\_\_\_

(注意：本證明書必須是正本，並備有公司蓋章及僱主聯絡電話。如有塗改，請僱主在旁加簽。)

(Note: The original copy of this Certificate must bear the company chop and telephone number of the employer. Employer's initial is required against any amendment.)

\*如此職員支取薪金並非港幣，請註明貨幣種類。

\* Please specify the currency if salary paid is not in Hong Kong dollars.

# 請刪除不適用者。 Please delete where inappropriate.

營業損益表 / Profit & Loss Account

附表  
Annex

4

(適用於的士司機 / 貨車司機 / 小巴司機)  
(For taxi driver / lorry driver / minibus driver)

(適用於獨資經營及合夥業務人士)  
(For sole proprietorship or partnership business)

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

的士司機 / 貨車司機 / 小巴司機 (請圈一項)  
Taxi driver / Lorry driver / Minibus driver (please circle)

車主 / 租車司機 (請圈一項)  
Vehicle owner / Vehicle lessee (please circle)

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

**營業損益表 / Profit & Loss Account**

由2009年4月1日至2010年3月31日  
From 1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2010

**收入項目 / Income (HK\$)**

租金 (只適用於車主)  
Rent (for vehicle owner only) \$ \_\_\_\_\_

自營業務之收益  
Profit from operating business \$ \_\_\_\_\_

其他 (請註明)  
Others (please specify) \$ \_\_\_\_\_

總收入 / Total Income \$ \_\_\_\_\_

**支出項目 / Expenditure (HK\$)**

(不包括車輛按揭金額) (excluding vehicle mortgages)  
(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 (請註明) / Others (please specify) \$ \_\_\_\_\_

總支出 / Total Expenditure \$ \_\_\_\_\_

淨盈利 (即總收入 - 總支出)  
Net profit (Total Income - Total Expenditure) \$ \_\_\_\_\_

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

從事上述行業的申請人/家庭成員簽名  
Signature of applicant / family member engaged in the above business : \_\_\_\_\_

申請人/家庭成員姓名  
Name of Applicant / Family Member : \_\_\_\_\_

申請人/家庭成員香港身份證號碼  
HKID No. of Applicant / Family Member : \_\_\_\_\_

申請人/家庭成員簽名  
Signature of Applicant / Family Member : \_\_\_\_\_

日期  
Date : \_\_\_\_\_

經營下述公司的家庭成員姓名  
Name of family member running the following company : \_\_\_\_\_

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, 如 50% 利潤)  
(If it is a partnership, please specify the profit sharing ratio, e.g. Partnership 50%)

**營業損益表 / Profit & Loss Account**  
由2009年4月1日至2010年3月31日 / From 1<sup>st</sup> April 2009 to 31<sup>st</sup> March 2010

(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 are all running costs 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 \$ \_\_\_\_\_

租金及差餉 / Rent and rates \$ \_\_\_\_\_

其他僱員薪金 / Salary of other employees \$ \_\_\_\_\_

運輸費 / Transportation costs \$ \_\_\_\_\_

交通費 / Traveling expenses \$ \_\_\_\_\_

保險費 / Insurance premium \$ \_\_\_\_\_

機器維修費 / Fees for repair and maintenance of machinery \$ \_\_\_\_\_

其他 (請註明) / Others (please specify) \$ \_\_\_\_\_

**其他支出項 / Other Expenditure (HK\$)**

\*申請人在此公司支取的薪金  
Salary of applicant paid by this company \$ \_\_\_\_\_

\*申請人配偶在此公司支取的薪金  
Salary of spouse paid by this company \$ \_\_\_\_\_

\*同住未婚子女<sup>\$</sup>在此公司支取的薪金  
Salary of unmarried children residing with the family<sup>\$</sup> paid by the company \$ \_\_\_\_\_

(<sup>\$</sup>姓名 / Name : \_\_\_\_\_)

(B) 總支出 / Total Expenditure (HK\$) \$ \_\_\_\_\_

家庭收入 = (A) 總收益 - (B) 總支出\* + 申請人/配偶/同住未婚子女在此公司的薪金

Household Income = (A) Gross Income - (B) Total Expenditure\* + Salary of applicant / spouse / unmarried children residing with the family paid by this company #

= HK\$ \_\_\_\_\_

\*若公司總收益少於總支出 (即(A)<(B)), 營業虧損不可由家庭總收入中扣除。  
If Gross Income is less than Total Expenditure (i.e. (A)<(B)), business loss cannot be deducted from the gross household income.

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

經營上述公司的申請人/家庭成員簽名  
Signature of applicant / family member owned the above company : \_\_\_\_\_

申請人/家庭成員姓名  
Name of Applicant / Family Member : \_\_\_\_\_

申請人/家庭成員香港身份證號碼  
HKID No. of Applicant / Family Member : \_\_\_\_\_

申請人/家庭成員簽名  
Signature of Applicant / Family Member : \_\_\_\_\_

日期  
Date : \_\_\_\_\_

# GRANTHAM MAINTENANCE GRANTS 2010/11

## GUIDANCE NOTES ON APPLICATIONS

### 1. Grantham Maintenance Grants

- 1.1 The overriding criterion for distribution of the grants is the financial need of students. Applicants who are repeaters will not be considered except under very special circumstances.

### 2. Eligibility

2.1 The student is eligible if he/she is pursuing any one of the following full-time courses of study:-

- (a) a secondary day school approved by the Education Bureau – Secondary 4/Senior Secondary 1 to Secondary 7 course;  
(b) the following courses of the Hong Kong Institute of Vocational Education:-

#### (i) Post-secondary 3 courses

| Course Code | Course Title  |
|-------------|---|
| 06721       | Diploma in Vocational Education Programme – Business Stream |

#### (ii) Post-secondary 5 courses

| Course Code | Course Title                            | Course Code | Course Title                                       |
|-------------|---|-------------|--|
| 01601B      | Foundation Diploma (Business Stream)    | 01601P      | Foundation Diploma (Sports Stream)                 |
| 01601C      | Foundation Diploma (Computing Stream)   | 01601V      | Foundation Diploma (Automotive Engineering Stream) |
| 01601H      | Foundation Diploma (Hospitality Stream) |             |  |

2.2 The student must be a Hong Kong resident who is not in receipt of the Comprehensive Social Security Assistance (CSSA) in his/her own name or as a member under the applicant's family. However, the holder of the Grantham Maintenance Grants may receive other forms of financial assistance provided that the aggregate amount of financial assistance received is not excessive.

2.3 The applicant must be financially in need as assessed under a means test. He/She must be a parent of the student. If both parents have deceased or are unable to exercise their guardianship, the applicant must be the guardian who supports the student. Written explanation on why the application is not made by parents of the student must be provided.

2.4 Assessment of eligibility:

- The mechanism for assessment of eligibility (Adjusted Family Income (AFI) mechanism) adopted by the Student Financial Assistance Agency (SFAA) will form the basis of assessing the applicant's financial needs.
- The Grantham Scholarships Fund Committee (Committee) with the assistance of the SFAA will assess the financial needs of the applicant's family based on the information provided in this application and/or in the applicant's/the spouse's application for other financial assistance schemes administered by the SFAA.

### 3. Provision / Handling of Personal Data

3.1 It is the responsibility of the applicants to complete the application form fully and truthfully and to provide all supporting documents. Insufficient information/misrepresentation of facts will render the application disqualified for further processing.

3.2 The Committee/the SFAA will use the personal data in the application and any supplementary information provided on the request of the SFAA for the following purposes:

- Activities relating to the processing and authentication of the application;
- Activities relating to the recovery of overpayments, if any;
- Activities relating to the matching of personal data provided against other databases of the SFAA and Social Welfare Department as may be required;
- Statistics and research purposes; and
- Processing of applications related to other student financial assistance schemes administered by the SFAA/its agents/other relevant government bureaux/departments.

3.3 The personal data and the supplementary information provided may be disclosed to government bureaux/departments, related schools or organizations for the purposes stated in Sub-section 3.2 above; or where the applicant has given consent to such disclosure; or where such disclosure is authorized or required by law. If necessary, the SFAA will seek additional information from the applicant, contact other government bureaux/departments and organizations, including the employers of the family members and based on the findings, make adjustments if necessary to the grant. Any willful misrepresentation and concealment of facts revealed will lead to disqualification, restitution of the grant paid in full and possible prosecution by the Police.



| Part I Particulars of Student   |  |                 |                 |                |                    |             | School/Institute's Certification (Completed by School/Institute and with School/Institute Chop) |             |
|---|--|-----------------|-----------------|----------------|--------------------|-------------|---|-------------|
| 5. Class/Year (Note: Repeaters will not be considered except under very special circumstances.) |  |                 |                 |                |                    |             |   |             |
| (a) Class/ Year attended in the Academic Year 2009/10 (Please circle the appropriate box)       |  | A<br>S3         | B<br>S4/<br>SS1 | <b>C</b><br>S5 | D<br>S6            | E<br>S7     | F<br>Year 1   | G<br>Year 2 |
| For Education Bureau approved secondary school students   |  |                 |                 |                | For HKIVE Students |             |   |             |
| (b) Class/ Year attended in the Academic Year 2010/11 (Please circle the appropriate box)       |  | H<br>S4/<br>SS1 | I<br>S5/<br>SS2 | <b>J</b><br>S6 | K<br>S7            | L<br>Year 1 | M<br>Year 2   | N<br>Year 3 |
| For Education Bureau approved secondary school students   |  |                 |                 |                | For HKIVE Students |             |   |             |
|   |  |                 |                 |                |                    |             | School/Institute Chop:  |             |
|   |  |                 |                 |                |                    |             | Date:   |             |

### 5.3 Part III Particulars of Applicant and his/her Spouse

- Items 7-8, 10 & 11-12: The English and Chinese name(s) (if applicable) and HKID Card No. of the Applicant / Spouse as shown on the HKID Card should be provided. Copy of their identity documents should be affixed onto Annex 1. The HKID Card No. should be filled in with reference to the following example. If neither the applicant nor his/her spouse possesses a Hong Kong Identity Card, the number of the identity document and a copy of the document, such as the Hong Kong Birth Certificate, Hong Kong Re-entry Permit, Document of Identity for Visa Purpose, One-way Permit or Mainland Identity Card should be provided. If the applicant's spouse has deceased, the applicant and his/her spouse have divorced or separated, please leave items 11 & 12 blank, provide relevant supporting documents with specification on the date of decease/ divorce/ separation and circle the "Y" box for item 10.
- Item 9: The appropriate box should be circled to indicate the relationship between the applicant and the student-applicant. If the applicant is not the parent of the student-applicant, written explanation on why the application is not submitted by the student's parent should be provided separately.
- Items 13 & 14: The residential address and phone no. of the applicant should be provided.

| Part III Particulars of Applicant and his/her Spouse  |  |  |        |         |                            |   |        |                         |       |   |   |                 |                 |
|---|--|--|--------|---------|----------------------------|---|--------|-------------------------|-------|---|---|-----------------|-----------------|
| 7. Name of Applicant  |  | C  | H      | A       | N                          | T | A      | I                       | M     | I | N | G               | 陳大明             |
| (As shown on HKID Card)   |  | English  |        | Numeric |                            |   |        |                         |       |   |   |                 | Name in Chinese |
| 8. Applicant's HKID Card No.  |  | A  | 2      | 3       | 4                          | 5 | 6      | 7                       | ( 8 ) |   |   | (if applicable) |                 |
| (Please attach a copy)  |  | Alpha  |        | Numeric |                            |   |        |                         |       |   |   |                 |                 |
| 9. Relationship with Student  |  | <b>O</b>   | Father | P       | Mother                     | Q | Others |                         |       |   |   |                 |                 |
| (Please circle the appropriate box. If the applicant is not the parent of the student-applicant, please give a written explanation separately on why the application is not submitted by the student's parent.)   |  |  |        |         |                            |   |        |                         |       |   |   |                 |                 |
| 10. Spouse: If the applicant's spouse has deceased/ the applicant and his/her spouse have divorced or separated, please leave items no. 11 and 12 blank, provide relevant supporting documents with specification on the date of decease/ divorce/ separation and circle the "Y" box on the right |  |  |        |         |                            |   |        |                         |       |   |   | Y               |                 |
| 11. Name of Spouse  |  | W  | O      | N       | G                          | L | A      | I                       |       |   |   |                 | 黃麗              |
| (As shown on HKID Card)   |  | English Name   |        |         |                            |   |        |                         |       |   |   |                 | Name in Chinese |
| 12. Spouse's HKID Card No.  |  | B  | 1      | 2       | 3                          | 4 | 5      | 6                       | ( 7 ) |   |   | (if applicable) |                 |
| (Please attach a copy)  |  | Alpha  |        | Numeric |                            |   |        |                         |       |   |   |                 |                 |
| 13. Applicant's Residential Address   |  | ROOM 1000, LOK TIN HOUSE, TIN LOK ESTATE, SHAM SHUI PO, KOWLOON. |        |         |                            |   |        |                         |       |   |   |                 |                 |
| 14. Applicant's Phone No.   |  | Residential: 1234 5678   |        |         | Daytime Contact: 3123 4567 |   |        | Mobile Phone: 3123 4567 |       |   |   |                 |                 |

### 5.4 Part IV Particulars of Other Family Members

- Item 15: The data of any other unmarried children living with the applicant should be provided as appropriate (position as of **September 2010**), and the appropriate boxes should be circled to indicate their present status as shown in the following example. Copy of their identity documents should be affixed onto Annex 1. If the child has just graduated from school in the 2009/10 academic year, please circle the box under "Just Graduated" and provide a copy of the graduation certificate or the student ID card.
- Item 16: The data of the parent(s) who are dependent on the applicant should be provided and the appropriate box circled to indicate the status of their dependency as shown in the following example. Copy of their identity document(s) should be affixed onto Annex 1, and the relevant documents submitted as proofs. Dependent parent means any of the applicant's parents, including in-laws, who is not in receipt of CSSA (excluding Old Age / Disability Allowance) and, who, for a continuous period of not less than 6 months throughout the year of assessment (1 April 2009 - 31 March 2010), has:-

- (a) resided/been residing with the applicant's family and been supported by the applicant/the applicant's spouse; or
- (b) taken up permanent residence at another premises owned or rented by the applicant or his/her spouse (i.e. Name of the applicant and/or spouse should be shown on the relevant lease documents); or
- (c) been living in his/her own premises, rented premises or residing in elderly homes and been totally supported by applicant or his/her spouse.

**Remarks: The status of support rendered by the applicant or his/her spouse to their parents in the 2010/11 academic year should be similar to that in the year of assessment. Applicants may be required to provide supporting documents including tenancy agreement, proof of residential address or receipt of the home for the elderly, etc. for verification.**

| <b>Part IV Particulars of Other Family Members</b>  |                                      |  |   |  |  |                            |
|---|--------------------------------------|--|---|--|--|----------------------------|
| 15. Unmarried Children Residing with the Family (Position as of <b>September 2010</b> )   |                                      |  |   |  |  |                            |
| Name (Excluding the Student-Applicant)  | HKID Card No. (Please attach a copy) |  | Present Status (Please circle the appropriate box)                                    |  |  |                            |
|   |                                      |  | Studying<br>(Exclude part-time studies)   | Employed   | Just Graduated#  | Unemployed/<br>Others      |
| (a) <u>CHAN SIU TIN</u>   | Alpha<br>    A                       | Numeric<br>  6   5   4   3   2   1   ( 0 ) | <input type="checkbox"/> R  | <input type="checkbox"/> S   | <input checked="" type="checkbox"/> T  | <input type="checkbox"/> U |
| (b) <u>CHAN SIU FU</u>  | A                                    | 5   4   3   2   1   5   ( 2 )              | <input checked="" type="checkbox"/> R   | <input type="checkbox"/> S   | <input type="checkbox"/> T   | <input type="checkbox"/> U |
| (c) <u>CHAN SIU WA</u>  | A                                    | 8   7   6   5   4   3   ( 1 )              | <input type="checkbox"/> R  | <input checked="" type="checkbox"/> S  | <input type="checkbox"/> T   | <input type="checkbox"/> U |
| #If the child has just graduated from school in the academic year 2009/10, please circle the box and provide a copy of the graduation certificate or the student ID card.                                 |                                      |  |   |  |  |                            |
| 16. Dependent Parent (Should <u>not</u> be a recipient of the Comprehensive Social Security Assistance (CSSA)) (Please refer to Paragraph 5.4 of the Guidance Notes for definition of "Dependent Parent") |                                      |  |   |  |  |                            |
|   | HKID Card No. (Please attach a copy) |  | Status (Please circle the appropriate box)  |  |  |                            |
|   |                                      |  | For a continuous period of not less than 6 months from 1.4.2009 to 31.3.2010          |  |  |                            |
|   |                                      |  | Residing with the applicant's family and supported by the applicant or his/her spouse | Taking up permanent residence at another premises owned or rented by the applicant or his/her spouse | Living in his/her own premises, rented premises or elderly homes and is totally supported by the applicant or his/her spouse |                            |
| Name of Applicant's Parent(s)   | HKID Card No. (Please attach a copy) |  |   |  |  |                            |
| (a) <u>CHAN HEI LOK</u>   | Alpha<br>    A                       | Numeric<br>  7   1   2   3   4   5   ( 6 ) | <input checked="" type="checkbox"/> V   | <input type="checkbox"/> W   | <input type="checkbox"/> X   |                            |
| (b) _____   |                                      | ( )  | <input type="checkbox"/> V  | <input type="checkbox"/> W   | <input type="checkbox"/> X   |                            |
| Name of Spouse's Parent(s)  | HKID Card No. (Please attach a copy) |  |   |  |  |                            |
| (a) _____   | Alpha<br>                            | Numeric<br>              ( )               | <input type="checkbox"/> V  | <input type="checkbox"/> W   | <input type="checkbox"/> X   |                            |
| (b) _____   |                                      | ( )  | <input type="checkbox"/> V  | <input type="checkbox"/> W   | <input type="checkbox"/> X   |                            |

### 5.5 Part V Family Income

- Item 17: Information of the family members' employment and their respective annual incomes, if applicable, for the 12 months during the period from 1 April 2009 to 31 March 2010 should be provided with relevant documentary proofs. Reference can be made to the example below. If applicants cannot provide any income proof for special reasons, please notify the SFAA in writing, providing justifiable reasons and the detailed calculation of income by completing Annex 2. Otherwise, the SFAA may make adjustments and apply benchmark figures (based on statistical information provided by the relevant government departments, such as the Census and Statistics Department) to assess the incomes of applicants and their family members. If necessary, the SFAA may require the applicants to provide documentary proof of items which is not listed below or seek further clarification for amounts that were used for maintaining the living of family but have not been accounted for in the application such as savings, loans, and may request the applicants 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. Other incomes received by the family under item (f) Other Incomes should be listed out.

| <b>Part V Family Income (1 April 2009 to 31 March 2010)</b>   |
|---|
| 17. Family Income   |
| (1) Please provide information on your employment including your occupation, name of organization, office telephone number and total annual income and those of your family member(s) during the period from 1 April 2009 to 31 March 2010. Please use additional sheet if necessary.   |
| (2) If you/your family member(s) has retired/ was unemployed or was a housewife/ a part-time worker during the period aforementioned, please specify the status and relevant duration.  |
| (3) If your spouse had deceased, you and your spouse had divorced/separated or your spouse had received CSSA during part or the entire period aforementioned, please provide supporting documents with specification on the date.   |
| (4) Please submit the application form together with the relevant documentary proofs on the annual income earned during the assessment period and follow point 5 of Part IX "Checklist" in submitting the proofs. If no documentary evidence can be provided, please refer to Paragraphs 5.5 & 5.9 of the Guidance Notes and provide details of the family income by completing Annex 2. For such cases, the Student Financial Assistance Agency (SFAA) reserves the right to apply benchmark figures on the basis of the statistical information provided by relevant government departments, such as the Census and Statistics Department to assess your income and those of your family member(s). |

| Part V Family Income (1 April 2009 to 31 March 2010)  |   |  |                                       |   |                                   |        |
|---|---|--|---------------------------------------|---|-----------------------------------|--------|
| Applicant and Family Members  | Occupation (Please state the period)  | Name of Organization & Office Tel. No. |                                       | Total Annual Income * (\$)                      | For Official Use                  |        |
| (a) Applicant<br>Name: CHAN TAI MING  | Accountant (1.4.2009 to 31.8.2009)<br>Retired (with effect from 1.9.2009)                   | ABC Company<br>(Tel: 1111 1111)        |                                       | 1   2   0   0   0   0                           |                                   |        |
| (b) Spouse<br>Name: WONG LAI  | Housewife (1.4.2009 to 31.8.2009)<br>Part-time Cashier (1.9.2009 to 31.3.2010)              | ABC Café<br>(Tel: 2123 4567)           |                                       | 9   0   0   0                                   |                                   |        |
| (c) Unmarried child residing with the family<br>Name: CHAN SIU WA   | Unemployed (1.4.2009 to 31.12.2009)<br>Construction site worker (1.1.2010 to 31.3.2010)     | Casual Worker                          |                                       | 3   5   0   0   0                               |                                   |        |
| (d) Unmarried child residing with the family<br>Name:   |   |  |                                       |   |                                   |        |
| (e) Unmarried child residing with the family<br>Name:   |   |  |                                       |   |                                   |        |
| (f) Other Incomes (\$)  | Contribution from relatives/ friends/ children not residing with the family (Exclude loans) | Rental Income                          | Interest from fixed deposits / shares | Alimony/ Pension (Exclude the lump sum pension) | Widow's & children's compensation | Others |
|   | 12,000  | 7,000                                  | 3,200                                 | 1,000   |                                   |        |
| *Total Annual Income:<br>Salary(including the salary of the applicant, spouse and unmarried child residing with the family for full-time, part-time or temporary job inclusive of Provident Fund or Mandatory Provident Fund contribution), double pay/ leave pay, all kinds of allowances, bonus/ commission/ tips, wages in lieu of notice of dismissal, profit from business/ investment, etc. |   |  |                                       |   |                                   |        |

- Types of incomes that are to be reported and those which are not to be reported are listed for your reference:

| Items to be reported |   | Items need not be reported |   |
|----------------------|---|----------------------------|---|
| 1                    | Salary (including the salary of applicant, spouse and unmarried children residing with the family for full-time, part-time or temporary job inclusive of Provident Fund or Mandatory Provident Fund contribution) | 1                          | Old age allowance                             |
| 2                    | Double pay / Leave pay  | 2                          | Disability allowance                          |
| 3                    | Allowance (including housing/travel/meals/education/shift allowance, etc.)  | 3                          | Long service payment / Contract gratuity      |
| 4                    | Bonus / Commission / Tips   | 4                          | Severance pay                                 |
| 5                    | Wages in lieu of notice of dismissal  | 5                          | Loans   |
| 6                    | Profit from business / investment   | 6                          | Lump sum retirement gratuity / Provident Fund |
| 7                    | Alimony   | 7                          | Inheritance                                   |
| 8                    | Contributions from relatives / friends / children not residing with the family (in the form of cash, or provision of accommodation, water, electricity or fuel, or subsidies for other living expenses, etc.)     | 8                          | Charity donations                             |
| 9                    | Interests from fixed deposits, stocks & shares, etc.  | 9                          | Comprehensive Social Security Assistance      |
| 10                   | Rental Income   | 10                         | Retraining allowance                          |
| 11                   | Monthly pension / Widow's & Children's Compensation   | 11                         | Insurance / Accident / Injury indemnity       |

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

- Item 18: If the student-applicant is receiving CSSA in his/her own name or as a member under the applicant's family, please circle the "Y" box on the right and the application will not be considered. Otherwise, please leave the part blank.
- Item 19: If any other family members are receiving CSSA, the "Y" box should be circled as appropriate and the names of the family members who are in receipt of CSSA, the effective date and the reference no. should be provided. Reference can be made to the following example. Relevant documents should be attached as proof, such as the notification letter or the Certificate of Medical Waiver for CSSA recipients. Otherwise, please leave the part blank.
- If the applicant/any other family member(s) were CSSA recipients during the period from 1 April 2009 to 31 March 2010, please provide the relevant documents. If the student-applicant has successfully applied for CSSA after submitting the application form, this should be reported to the SFAA as soon as practicable.

| Part VI Comprehensive Social Security Assistance (CSSA): Excluding Old Age / Disability Allowance  |         |
|--|---------|
| 18. If the student-applicant is receiving CSSA from the Social Welfare Department (SWD), please circle the "Y" box on the right -----  | Y   *   |
| 19. 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 documentary proofs such as the notification letter or the Certificate of Medical Waiver for CSSA recipients. |         |

| Part VI Comprehensive Social Security Assistance (CSSA): Excluding Old Age / Disability Allowance) |                      |                    |   |
|--|----------------------|--------------------|---|
| Name(s) of the family member(s)  | Effective date       | CSSA reference no. | Attention:  |
| (a) CHAN HEI LOK   | 1.4.2009 – 30.4.2010 | CW1-C-11111        | (1) The student-applicant must not be in receipt of CSSA in his/her own name or under the applicant's family. (2) If the applicant/any family member(s) received CSSA during the period from 1 April 2009 to 31 March 2010, please provide the relevant documents. (3) If the student-applicant has successfully applied for CSSA after submitting this application, please inform the office as soon as practicable. |
| (b)  |                      |                    |   |

### 5.7 Part VII Other Special Family Information

- Items 20 & 21: Other special family information which the applicant wishes to provide for the Committee's special consideration should be detailed in Part VII with relevant documentary proof. Reference can be made to the following example. The box(es) "Y" should be circled as appropriate and written explanation should be provided separately. Otherwise, please leave the part blank.

| Part VII Other Special Family Information   |                            |
|---|----------------------------|
| 20. If the applicant has filled in any unmarried child in Part IV 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 -----   | <input type="checkbox"/> Y |
| 21. If the applicant has any special financial hardship / has incurred medical expenses for family members who are <u>chronically ill or permanently incapacitated</u> , please give written explanation separately to state the details of the situation, relevant duration, provide relevant supporting documents and circle the "Y" box on the right ----- | <input type="checkbox"/> Y |

### 5.8 Part VIII Declaration

- The paragraphs should be read through carefully. If the applicant fully understands and agrees to the content of the declaration, he/she should sign and fill in the date in the space provided.

### 5.9 Part IX Checklist

- The checklists should be read through to ensure that copies of the relevant documents have been provided as attachments to this form. Annexes 1-4 will facilitate the applicant to provide relevant documentary proof for assessment.
- Annex 1 - Copies of HK Smart ID Cards / Mailing Address:** The copies of the HK Smart ID Cards of all the family members the applicant has mentioned in this form should be pasted. The applicant's mailing address should be put down in the space provided.
- Annex 2 – Self-prepared Income Breakdown:** If the applicant/applicant's spouse/unmarried children residing with the family are self-employed (except those described in Annex 4), or have no fixed income, and cannot produce any income proofs, Annex 2 should be filled in.
- Annex 3 – Income Certificate:** If the applicant / applicant's spouse / unmarried children residing with the family are salaried but cannot produce Salary Statement, Salaries Tax Demand Note, Bank Statement showing autopayment of salaries or other income proofs, this form should be completed. The applicant may make copy of the form if more than one income certificate are necessary.
- Annex 4 – Profit and Loss Account:** If the applicant/applicant's spouse/unmarried children residing with the family are self-employed vehicle driver, sole proprietor or partner of partnership business, Annex 4 should be completed.

### 6. Enquiries

Enquiries on application for the Grantham Maintenance Grants should be addressed to the Secretary of the Grantham Scholarships Fund Committee on 34/F., Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.

Office Hours: Monday to Friday 8:45 a.m. to 1:00 p.m. and 2:00 p.m. to 5:30 p.m.  
 Telephone Enquiry Hotline: 3718 6830  
 Website Address: <http://www.sfaa.gov.hk>

### Important Notes

- Failure to produce relevant documents without good reasons may lead to rejection of the application.
- All applications and documents submitted are not returnable. Applicants are advised to make their own copies for retention, if necessary.
- Applicants who do not wish to submit the required photocopies of the HKID Cards via the School/Institute may present them in person by making an appointment with the Committee by phone before the deadline for submission of their applications.