

# Application Form for Financial Assistance Scheme 2025-2026 School Year

For School Use :

Assessment Result : Approved / Not Eligible / Outstanding Documents:

Reference No.: \_\_\_\_\_/2526

Type: SFO(Full) / SFO(Half) / CSSA / PR / AFI(Full) / AFI(Half)

Date of Submission : \_\_\_\_\_

## Part I Particulars of the Applicant

For School Use

1. Name in Chinese	<input type="text"/>																				Copy of HKID Card <input type="checkbox"/>		
2. Name in English	<input type="text"/>																						
3. HKID Card No.	<input type="text"/> ( )																						
(If HKID Card No. is not available, please provide <u>Other Identity Document No.</u> with copy of relevant proof.)																							
Other Identity Document No.: <input type="text"/>																							
4. Correspondence Address (Please fill out in English)																							
Flat	<input type="text"/>					Floor	<input type="text"/>		Block	<input type="text"/>													
Name of Building	<input type="text"/>																						
Estate / Village	<input type="text"/>																						
No. & Name of Street	<input type="text"/>																						
District	<input type="text"/>																						
Area	#	<input type="text"/> 1. HK				<input type="text"/> 2. KLN				<input type="text"/> 3. NT				<input type="text"/> 4. OHK (Outside HK)									
5. Home Tel No.	<input type="text"/>																						
6. HK Mobile Phone No.	<input type="text"/>																						

## Part II Particulars of Family Members and Financial Assistance Schemes being Applied for

A. Spouse																					Copy of HKID Card <input type="checkbox"/>
1. Name in Chinese	<input type="text"/>																				
2. Name in English	<input type="text"/>																				
3. HKID Card No.	<input type="text"/> ( )																				
(If HKID Card No. is not available, please provide <u>Other Identity Document No.</u> with copy of relevant proof.)																					
Other Identity Document No.: <input type="text"/>																					
4. If spouse deceased/ divorced or separated, please circle the box. <input type="checkbox"/> Y <input type="checkbox"/> N																					

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1. Employment (From 1 April 2024 to 31 March 2025)			Supporting documents
Position	Type of Business	Office Telephone No.	
(a) Applicant			
(b) Spouse			
2. Total Family Income (From 1 April 2024 to 31 March 2025, no need to fill in decimal place)			Supporting documents
	Total Annual Income		
(a) Applicant	\$		
(b) Spouse	\$		
(c) Unmarried child residing with the family	\$		
(d) Contribution from relatives or friend	\$		

Part IV Applicant’s Supplementary Information

1. If you have special financial hardship, medical expenses incurred by family member(s), please state details of the situation and submit supporting documents.	Supporting documents

Part V Declaration

I have read the “Application for Financial Assistance Scheme 2025-2026 School Year Guidance Notes” and fully understand and agree to the arrangements stated therein in relation to my application. I hereby declare that:

1. The information in this application form and the supporting documents are true, complete and accurate. I understand and consent that CCC Kung Lee College will assess the eligibility and assistance level of my family based on the information provided by me.
2. I agree and consent that CCC Kung Lee College may conduct authentication of my application to investigate and verify whether the information provided in relation to my application is true, complete and accurate.
3. I am authorized by all the family members listed in the this application form to use such family members’ personal data for the purposes of processing the application by CCC Kung Lee College.
4. I have submitted the application form and the proof of income as follows (please tick the relevant items):

(a) Copy of HKID card (if the name dose not match, please provide a copy of the deed poll)

- Applicant ☐
- Spouse ☐
- Other family members ☐

(b) Proof of total annual income from 1 April 2024 to 31 March 2025

(i) Salaried Employed Person

- Salaried statement ☐
- Tax demand note issued by the Inland Revenue Department ☐
- Bank transaction record showing payment of salary, allowances etc. ☐
- Income certificate certified by the employer ☐

(ii) Self-employed or Business Partner

- Profit and loss account ☐
- Personal assessment notice ☐

(iii) Salaried Employed or Self-employed Person who cannot produce and income proof:

- Self-prepared income breakdown detailing the monthly income through the year (statutory declaration) ☐

(iv) Housewife

- Statutory declaration ☐

(v) Full-time Student (Siblings)

- Valid student card or other document such as student handbook ☐

(vi) CSSA Family

- CSSA document ☐
- Medical fee waiver certificate for CSSA family members ☐

(c) Proof of single family ☐

(d) SFO 2025-26 application result notification letter ☐

(e) Document proof of dependent parent ☐

(f) Supporting document of disability allowance for family members and their medical records. ☐

Signature of Applicant: \_\_\_\_\_

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

For School use :

Assessed by: \_\_\_\_\_ (\_\_\_\_\_)  
Signature Name

Checked by: \_\_\_\_\_ (\_\_\_\_\_)  
Signature Name

Result: \_\_\_\_\_  
\_\_\_\_\_

Approved by: \_\_\_\_\_ (\_\_\_\_\_)  
Signature Name

Remarks: