

**Application Form for Grantham Maintenance Grants (GMG) 2021/22**  
**Tenable at 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 2021/22 Guidance Notes on Applications (Guidance Notes) carefully before completing this 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 24 September 2021 via the School / Institute which the student is attending**, to the Secretary of the Committee on 34/F., Wu Chung House, 213 Queen's Road East, Wan Chai, Hong Kong.

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		<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>English Name (As shown on HKID Card)</div>													I confirm that:  1. the student is a bona fide full-time student of this school / institute attending Secondary ____ / Senior Secondary ____ (For Education Bureau approved secondary school students) or ____ (Year of Study) / ____ (Course Code) (For HKIVE and YC Students); and  2. the student * is / is not a repeater in the 2021/22 academic year. * Please delete as appropriate	
2. HKID Card No.		<div> <div></div><div></div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div> <div>Alpha</div> <div>Numeric</div> <div>(   )</div> <div>Name in Chinese (if applicable)</div> </div>														
3. Email Address of Student-applicant		<div>_____</div> <div>Telephone No. _____</div>														
4. Name of School / Institute (in English)		<div>_____</div>														
5. Address of School / Institute (in English)		<div>_____</div> <div>_____</div>														
6. Class / Year (Note: Repeaters will not be considered except under very special circumstances.)		<div> <div> <div>(a)</div> <div>Class / Year attended in the Academic Year 2020/21</div> <div>(Please circle the appropriate box)</div> </div> <div> <div>A</div> <div>S3</div> </div> <div> <div>B</div> <div>SS1 / S4</div> </div> <div> <div>C</div> <div>SS2 / S5</div> </div> <div> <div>D</div> <div>SS3 / S6</div> </div> <div> <div>E</div> <div>Year 1</div> </div> <div> <div>F</div> <div>Year 2</div> </div> <div> <div>For Education Bureau approved secondary school students</div> </div> <div> <div>For HKIVE and YC Students</div> </div> </div> <div> <div> <div>(b)</div> <div>Class / Year attended in the Academic Year 2021/22</div> <div>(Please circle the appropriate box)</div> </div> <div> <div>G</div> <div>SS1 / S4</div> </div> <div> <div>H</div> <div>SS2 / S5</div> </div> <div> <div>I</div> <div>SS3 / S6</div> </div> <div> <div>J</div> <div>Year 1</div> </div> <div> <div>K</div> <div>Year 2</div> </div> <div> <div>L</div> <div>Year 3</div> </div> <div> <div>For Education Bureau approved secondary school students</div> </div> <div> <div>For HKIVE and YC Students</div> </div> </div>													Signature of Head of School / Department:  <div>_____</div>	
															School / Institute Chop:  <div>_____</div>	
															Date:  <div>_____</div>	
7. Has the Student-applicant applied for financial assistance schemes for primary or secondary students for 2021/22 from the Student Finance Office (SFO) (Please circle the appropriate box: Y – yes; N – no).		<div> <div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div> <div>Y      N</div>														
If yes, please state the SFO's application number, skip Parts IV to VII.    Applicant is still required to complete Parts III and VIII.																
The SFO's application number (Please provide the first 12 digits):		<div> <div>2</div><div>0</div><div>2</div><div>1</div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div> </div>														
If no, please continue to complete Parts II to VIII and provide relevant documents as required.																

[illegible]

8. If the Head of School / Department / 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:

Y

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(Please use additional sheet if necessary)

Name of Head of School / Department / Social Worker:

Contact Phone No.:

Signature of Head of School / Department / Social Worker:

Date:

**Part III Particulars of Applicant and his / her Spouse (this part is mandatory)**

9. Name of Applicant 

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 English Name (As shown on HKID Card) Name in Chinese (if applicable)

10. Applicant's HKID Card No. 

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 Numeric ( ) (Please attach a copy at Annex 1)

If HKID Card No. is not available, please provide Other Identity Document No. (Please attach a copy of the relevant proof)

11. Relationship with Student-applicant 

M
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 Father 

N
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 Mother 

O
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 Others (please specify): (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-applicant's parent.)

12. Spouse: If the applicant is single or the applicant's spouse has deceased / the applicant and his / her spouse have divorced or separated, please leave items no. 13 and 14 blank, provide relevant supporting documents (e.g. divorce certificate (together with the page showing the child custody), death certificate or report of the missing persons) and circle the "Y" box on the right 

Y
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13. Name of Spouse 

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 English Name (As shown on HKID Card) Name in Chinese (if applicable)

14. Spouse's HKID Card No. 

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 Numeric ( ) (Please attach a copy at Annex 1)

If HKID Card No. is not available, please provide Other Identity Document No. (Please attach a copy of the relevant proof)

15. Applicant's Residential Address

16. Applicant's Email Address

17. Applicant's Phone No. Residential: Mobile Phone:

**Part IV Particulars of Other Family Members (if the SFO's application no. is provided in Part I, please skip Parts IV to VII)**

18. Other Unmarried Children Residing with the Family (Position as of **September 2021**)

Name (Excluding the Student-applicant)	HKID Card No.; If HKID Card No. is not available, please provide Other Identity Document No. (Please attach a copy of HKID at Annex 1 or attach a copy of Other Identity Document)	Present Status (Please circle the appropriate box) # If the child has just graduated from school / institute in the academic year 2020/21, please circle the box and provide a copy of the graduation certificate or the student ID card.							
		Studying (Exclude part-time studies)	Employed	Just Graduated #	Unemployed / Others				
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19. Dependent Parent (Should not 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". Please also provide supporting documents for dependence of the parents including tenancy agreement, residential address proof or receipt of the home for the elderly, etc.)

Name of Dependent Parent	HKID Card No.; If HKID Card No. is not available, please provide Other Identity Document No. (Please attach a copy of HKID at Annex 1 or attach a copy of Other Identity Document)	Relationship with the applicant	Dependency Status (Please circle the appropriate box) at least 6 months during 1.4.2020 to 31.3.2021:					
			Residing with the applicant's family	Resided in premises owned or rented by the applicant or his / her spouse	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			
(a)			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>T</td></tr></table>	T	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>U</td></tr></table>	U	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>V</td></tr></table>	V
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**Part V Family Income (1.4.2020 to 31.3.2021)****20. Family Income**

- (1) 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 1.4.2020 to 31.3.2021. 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 period from 1.4.2020 to 31.3.2021 and follow point 6 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 SFO 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		Position		Working Period (e.g. 1.4.2020 – 31.3.2021)		Total Annual Income * (\$) (If nil, please write '0')		For Official Use	
(a) Applicant Name:									
(b) Spouse Name:									
(c) Unmarried child residing with the family (if applicable) Name:									
(d) Unmarried child residing with the family (if applicable) Name:									
(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 investments, fixed deposit	Alimony / Pension (excluding the lump sum retirement gratuity)	Widow's & children's compensation	Others			

\* Including salary / wage / bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund mandatory 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 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) <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) received CSSA during the period from 1.4.2020 to 31.3.2021, 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 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 Guidance Notes on the GMG Scheme. I hereby declare that:

- The information in this application, supplementary form(s) (if any) and the supporting documents and all other information 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, restitution in full of the assistance granted and possible prosecution.

3. I give 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.
4. I am authorised by all the family members listed in this application form to give consent and hereby give 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). 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 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 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

- 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. ☐
- A copy of the student's valid Document of Identity for Visa Purposes for students whose HKID Card bear the symbol "C" (Conditional Stay). ☐
- 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 from the SFO —

### Family Background

- For single-parent families, a copy of the supporting document such as the divorce certificate (together with the page showing the child custody), death certificate or report of the missing persons. ☐
- 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

- 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 1.4.2020 to 31.3.2021 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. For any entries other than income, please also make necessary remarks next to them or else the SFO may include the amount as part of the family income); if not available</li> <li>Income Certificate certified by the employer (See Annex 3), etc.</li> </ul>	<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"> <li>Profit and Loss Account verified by a Certified Public Accountant ; if not available</li> <li>Profit and Loss Account prepared on your own (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 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 monthly income throughout the year and explaining why income proof cannot be produced. (The SFO 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) Person 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 the SFO may include the amount in calculating family income).</li> </ul>	<input type="checkbox"/>

### Medical Expenses Incurred by Family Member(s) with Chronic Illness

- 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 1.4.2020 to 31.3.2021 (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 1.4.2020 to 31.3.2021	<input type="checkbox"/>

## For Official Use

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