

HKCCCU Logos Academy

School Year 2024-2025

Application Form for Student Financial Assistance Schemes

Cover Sheet for Supporting Documents

Na	Name of Applicant:		(Name of Parent / Guardian)				
Na	me (of Student-applicant(s):					
	(1)	Name In Chinese:	Name in English:				
		Student Number:	Class Name and Number:				
	(2)	Name In Chinese:	Name in English:				
		Student Number:	Class Name and Number:				
	(3)	Name In Chinese:	Name in English:				
		Student Number:	Class Name and Number:				
	(4)	Name In Chinese:	Name in English:				
		Student Number:	Class Name and				

Notes on How to Complete the Application Form:

- * Please read the Guidance Notes on Application for Student Financial Assistance Schemes before completing the Application Form.
- Please fill in the form clearly in black or blue ink.
- Please cut and paste the copies of Hong Kong Smart Identity Card of the applicant and family members (including the dependent parent(s) (if applicable)) as listed in the application form at the back and staple copies of all relevant document proof to this cover sheet.

(If the HK Smart ID Card is not available, please attach copies of other valid identity documents.)

WARNING

The personal data (include any documents under oath) in the application will be used to assess an applicant's eligibility for financial assistance and the level of assistance. 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.

Copies of HK Smart ID Card

Please cut and paste the copies of the HK Smart ID Card as appropriate. (If the HK Smart ID 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.) Copy of the HK Smart ID Card of the applicant Copy of HK Smart ID Card of the spouse Applicant Spouse Copy of the HK Smart ID Card of Copy of the HK Smart ID Card of family member family member (including the dependent parent (if applicable)) (including the dependent parent (if applicable)) Family Member Family Member Copy of the HK Smart ID Card of Copy of the HK Smart ID Card of family member family member (including the dependent parent (if applicable)) (including the dependent parent (if applicable)) Family Member Family Member Copy of the HK Smart ID Card of Copy of the HK Smart ID Card of family member family member (including the dependent parent (if applicable)) (including the dependent parent (if applicable))

Family Member

Family Member

HKCCCU Logos Academy

School Year 2024-2025 Application Form for Student Financial Assistance Schemes

Part I - Particulars of the Applicant

(The Applicant must be the parent or guardian (as recognised under Guardianship of Minors Ordinance, Cap 13) of the student-applicant(s).)

1.	Name in Chinese					Title@#	Α	Mr.	В	Ms.	C	Miss	
2.	Name in English												
3.	Correspondence Address (Please fill out in English)	Flat	:		Floor			I	Block				
	Name of Building												
	Estate / Village												
	No. & Name of Street												
	District												
	Area	# 1	НК	2 KLN		3 NT		4 OF	łK				
4.	Identity Document Type:												
	Identity Document No. :												
5.	HK Mobile Phone No.												
6.	Home Tel No. @												
7.	Email address												
8.	Your marital status during the period from 1.4.2023	3 to 31	.3.2024										
	# A Married	В	*Div	orced/Separa	ted/V	Vidowed/	Singl	e, etc.					
	(Please provide spouse's information in Part III)		need supp	se provide cop not be provide orting docume cplanatory note	ed in P nts, ple	art III, If a	pplic	ants a	re una	able to	prov	ide the	
	II - Applicant's Supplementary Informat If you have filled in Part III particulars of any specify his/her name, explain in detail with pr	ion stude	ent-appl	icant or/and	memb	er who is				-		-	
	the reasons for declaring him/her as a family n		-					•					
2	If your family encounters a sudden financial hadocuments.	rdshi _l	p, pleas	e state details	of the	situation,	relev	vant d	uratio	on and	d sub	mit supp	orting

۱.	Spouse – (Marital stat	us is: Divorced / Separated	/Widowed/Single etc., n	eed not be filled in)	
	Name in Chinese				
	Name in English				
	Identity Document:	Identity Document Type:		_	
		Identity Document No.:			
	HK Mobile Phone No	. @		-	
					
	Student and unmarri	ed children residing with t	the family		
					on at the bottom of this page.)
	narried children in red not be filled in.)	ceipt of CSSA will not be	counted as 'family membe	ers' under the Adjuste	ed Family Income (AFI) mechanism
	Name in Chinese				
	Name in English				
	Identity Document:	Identity Document Type:		_	
		Identity Document No. :			
	Status for the period 1	.4.2023 to 31.3.2024	# A Under Education	B In employment	C Unemployed/Other
),	Name in Chinese				
	Name in English				
	Identity Document:	Identity Document Type:	-		
	identity Bocument.			_	
		Identity Document No. :		- 5	B v
	Status for the period 1	.4.2023 to 31.3.2024	# A Under Education	B In employment	C Unemployed/Other
•	Name in Chinese				
	Name in English				
	Identity Document:	Identity Document Type:		-	
		Identity Document No.:		-	
	Status for the period 1	.4.2023 to 31.3.2024	# A Under Education	B In employment	C Unemployed/Other
	Name in Chinese				
	Name in English				
	Identity Document:	Identity Document Type:		_	
		Identity Document No. :		=	
				=	_
	Status for the period 1	4 2023 to 31 3 2024	# A Under Education	B In employment	C Unemployed/Other

C.	Dependent Parent (Dependent Parents currently in receipt of CSSA and/or under employment during the assessment period will not be counted as 'family members' under the Adjusted Family Income (AFI) mechanism, so need not be filled in)								
	(Pl	mily members' under the Adjusted Fan ease refer to Paragraph 4.2 of "Sesistance Schemes" for definition of "I parents including tenancy agreemen	chool Year 2024-2025 Guidan Dependent Parent". Please also	ce Notes on provide supp	Application for orting document	nts for dependence of			
	If t	the details of Dependent Parents are y District Office to declare that all the ent could include:	not identical to those in the Ta	nx Return, th	e applicant sho	ould make an oath in			
	1	I/My spouse declares that m	y (relation e.g. in receipt of CSSA and not in er	nployment an	d resided with n	HKID Card No. ne/my spouse, without			
	2	I/My spouse declares that m	y (relation e.g. in receipt of CSSA and not in er	father an	d/or mother) d resided in prei				
	by the me/my spouse for at least 6 months during the period from 1 April 2023 to 31 March 2024; or 3 I/My spouse declares that my (relation e.g. father and/or mother) HKID Card No (e.g.A123456(7)) not in receipt of CSSA and not in employment and resided in an elderly home and the expenses were fully paid by me/my spouse for at least 6 months during the period from 1 April 2023 to 31 March 2024; or								
	4	I/My spouse declares that m	y (relation e.g. t in receipt of CSSA and not in e	father an employment a	d/or mother) nd the cost of li	HKID Card No. ving was/were totally			
		supposed of moral, speake for action	at o monate during the ported no			ase put "√" in the			
				at least 6 months during 1 April 2023 to 31 March 2024					
		Name of Dependent Parent	Identity Document (Please provide copy)	Resided 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			
	1	Name in Chinese:	Identity Document Type:						
		Name in English:	Identity Document No.:						
		Is the dependent parent currently in receipt of the Comprehensive Social Security Assistance (CSSA) and/or under employment during the assessment period?	# Y or N						
	2	Name in Chinese:	Identity Document Type:						
		Name in English:	Identity Document No.:						
		Is the dependent parent currently in receipt of the Comprehensive Social Security Assistance (CSSA) and/or under employment during	# Y or N						

	3	Name in Chinese:	Identity Document Type:		
		Name in English:	Identity Document No.:		
		Is the dependent parent currently in receipt of the Comprehensive Social Security Assistance (CSSA) and/or under employment during the assessment period?	# Y or N		
	4	Name in Chinese:	Identity Document Type:		
		Name in English:	Identity Document No.:		
		Is the dependent parent currently in receipt of the Comprehensive Social Security Assistance (CSSA) and/or under employment during the assessment period?	# Y or N		
# Ple	ase	circle the appropriate boxes / items.)			

Your number of Family Members (Inclusive of the applicant) : ______

Part IV - Family Income and Medical Expenses

pla "Se wa Dis Th — per II a	Please provide information on your position and relevant actual income (including part-time income and no need to fill in decimal places) and those of your family member(s) during the period from 1 April 2023 to 31 March 2024 (Please refer to Paragraph 7 of "School Year 2024-2025 Guidance Notes on Application for Student Financial Assistance Schemes"). If you / your family member(s) was a housewife, was unemployed or has retired during the period, please specify the status and he/she should make an oath in any District Office to declare that all the information put down in the application form is true and attach this oath in the application form. The oath could include "I declare that I am unemployed and received no income frommonth year untilmonth year" or "I declare that I am unemployed and received no income sincemonth year", etc. For self-employed persons, please provide the relevant income proof (e.g. receipt for services rendered, profit and loss account (please refer to Sample II at Annex of "School Year 2024-2025 Guidance Notes on Application for Student Financial Assistance Schemes" or Personal Assessment Notice issued by the Inland Revenue Department). Additional sheet may be added if there is insufficient space to provide the information.								
	Applicant and Family Member	(Including salary / w	Total Annual Income (\$) (Including salary / wage / bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee)) For Office Use						
		Name		Salary	v (\$)	Business	profit (\$)		
1	Applicant								
2	Spouse								
3	Unmarried child residing with the family (if applicable)								
4	Unmarried child residing with the family (if applicable)								
5	Other income (if applicable)	Contribution from children not residing together, relatives or friends	from children not cresiding together, relatives or vehi		In income roperty, carpark, incle or essel		Alimony		
		Pension (excluding lump sum retirement gratuity) Widow's & Children's Compensation				Other	rs		
6	6 Less: Medical Expenses Incurred by Family Member(s) with Chronic Illness (Guide for filling method, please refer to Paragraph 5.4 of "School Year 2024-2025 Guidance Notes on Application for Student Financial Assistance Schemes".) (Please provide a copy of supporting document.) (The ceiling of deductible amount for each family member is \$23,310 per year in 2024/25.)								
Name Nature of incapacity o					Medical expenses incurred within the assessment period (\$)				
	1								
	2								
	3								
	4								
		Total Net Family Inc 1 April 2023 to 31 M							
		1 April 2023 to 31 M	arcii 20	U24 ·	=====				

Notes:

"Members of Family" refers to the applicant's spouse, unmarried child/children residing with the family and the dependent parent(s) who are supported by the applicant and/or his/her spouse.

Types of incomes earned by the family both within and outside Hong Kong that should be reported are listed below for reference.

	Items need to be reported		Items need not to be reported
1	Salary (including the salary of applicant, applicant's spouse and student-applicant's unmarried sibling(s) residing with the applicant for full-time, part-time or temporary jobs, excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee)	1	Financial assistance from the Government, or payment from the assistance programme under the Community Care Fund (such as Comprehensive Social Security Assistance / Old age allowance / Old age living allowance / Disability allowance / Retraining allowance / Work Incentive Transport Subsidy / Working Family Allowance etc.)
2	Double pay / Leave pay	2	Long service pay / Contract gratuity
3	Allowance (including overtime work / living / housing or rent / transport / meals / education / shift allowance, etc.)	3	Severance pay
4	Bonus / Commission / Tips	4	Loans
5	Studentship	5	Lump sum retirement gratuity / Provident fund
6	Wages in lieu of notice of dismissal	6	Inheritance
7	Business profits and other income earned by means of self-employment, such as hawking, driving taxis / minibuses / lorries, and fees for services rendered, etc.	7	Charity donations
8	Alimony	8	Insurance / accident / injury indemnity
9	Contribution from any person(s) not residing with applicant's family to any of the applicant's family member(s) (including money or contribution of housing / remittance(s) / contribution for mortgage repayment / rent / water / electricity / gas or other living expenses)	9	MPF / Provident Fund contribution by employee (the ceiling of contribution needs not to be reported is \$18,000 per year)
10	Interests from fixed deposits, stocks, shares and bonds, etc.		
11	Rental income of property, land, carpark, vehicle or vessel (including Hong Kong, the Mainland and overseas)		
12	Monthly pension / Widow's & Children's Compensation		

Part V - Declaration

- I/We have read the "School Year 2024-2025 Guidance Notes on Application for Student Financial Assistance Schemes" (GN). I/We fully understand and agree to the arrangements stated therein in relation to my/our application. I/We undertake and warrant that I/we shall comply with all provisions in the GN & Notes and such other requirements and directions as specified from time to time by the Hong Kong Special Administrative Region (HKSAR) Government. I/We hereby declare that:
 - (a) The information in this application form and the supporting documents provided by me/us are true, complete and accurate. I/We understand and consent that (i) the HKCCCU Logos Academy (the School) will assess the eligibility and assistance level of my family based on the information provided by me/us; and (ii) the School is authorized to conduct authentication of my/our application (including but not limited to home visits and other checking) to verify whether the information provided therein is true, complete and accurate. I and my family members will fully cooperate with staff of the School; and (iii) the School may make adjustment to the assistance level / amount of financial assistance granted based on the findings of authentication. Any misrepresentation, concealment of facts, provision of misleading or false information or intentional obstruction of the School staff in their course of authentication will lead to disqualification of issued notification letter, restitution in full of the assistance granted and possible prosecution. I/We commit to refund the School any overpayment of financial assistance granted (including financial assistance provided under all financial assistance schemes administered by the School) immediately upon request.
 - (b) I/We give consent to the School and its authorized bodies to process my/our application and use the personal data provided to the School in connection with this application form in accordance with Paragraph 6 of the GN and to liaise with related parties to verify and disclose the information provided by me/us.
 - (c) I am/We are authorized by all the family members listed in this application form to give consent and hereby give consent on their behalf to the School and its authorized bodies to access such family members' personal data in accordance with Paragraph 6 of the GN and to liaise with related parties to verify and disclose the information provided to the School.
- II) This Declaration shall be governed by and constructed in accordance with the laws of the HKSAR. I/We have read the provisions of this declaration carefully and fully understood my/our obligations and liabilities under this declaration, and agree to the arrangements stated therein including but not limited to:
 - Fee Remission when granted will only start on or after the month of the submission of this form in this academic year.
 - () If an applicant is not able to provide all the required documents or detailed information for the application, the school has the right to require the applicant to provide all necessary documents or information. If the applicant is not able to provide the required supplementary information within one month after receiving the oral or written notice from the school, the application will be terminated automatically without further notice. However, if the applicant wants to continue to apply for the fee remission, he/she should re-submit a new application form with all sufficient documents enclosed. If this application is eligible for a fee remission, the fee remission will only start from the month in which the application form with sufficient documents is re-submitted.

(Please complete the above two brackets with "✓") Signature of Applicant: Signature of Spouse of Applicant: Identity Document No.: Identity Document No.: Date: Date:

Determination of eligibility and the Level of Fee Assistance

The basic calculation of the (AFI) are as follows:

AFI = Gross annual income of the family* \div (Number of family member (Remark 1) + 1**)

Details can be referred to the School Year 2024-2025 Guidance Notes on Application for Student Financial Assistance Schemes via https://www.logos.edu.hk/en/fee-remission-scheme.

The AFI eligibility benchmarks for various levels of assistance are listed in the table below:

AFI Groups between (HK\$)	Level of Fee Assistance
\$0 - \$57,000	Full
> \$57,000 - \$92,000	Half
> \$92,000	Ineligible

Example 1: A family of 4 members includes the applicant, his/her spouse, unmarried child/children residing with the family and a daughter studying in secondary school.

- Annual income of the applicant \$ 140,000
- Annual income of his/her spouse's \$ 98,000
- Annual income of unmarried child/children residing with the family \$ 70,000
- Other income (Remark 2) \$ 10,000
- Medical Expenses* incurred by family member (1 member claimed) \$21,000

*(The ceiling of deductible amount for each family member is \$23,310 per year in 2024/25)

 $AFI = (\$140,000 + \$98,000 + \$70,000 \times 30\% + \$10,000 - \$21,000) \div (4+1) = \$49,600.$

	Example 1	Example 2	Example 3	Example 4
Annual income of the applicant	\$140,000	\$280,000	\$180,000	\$390,000
Annual income of his/her spouse's	\$98,000	\$ 0	\$100,000	\$120,000
Annual income of unmarried children	\$70,000 (× 30%)	\$ 0	\$ 0	\$ 0
Other income (Remark 2)	\$10,000	\$ 0	\$ 0	\$ 0
Medical Expenses	\$21,000 (1 member)	\$24,000 (1 member)	\$60,000 (1 claimed \$21,010, 1 claimed \$39,000)	\$100,000 (1 claimed \$48,000, 1 claimed \$52,000)
Number of family members	4 members	3 members (single- parent family)	3 members	4 members
AFI	\$49,600	\$51,338	\$58,920	\$92,676
Level of Fee Assistance	Full	Full	Half	Ineligible

Remark 1: The member of a family normally refer to the applicant, his/her spouse, unmarried child/children residing with the family and the dependent parent(s) who are supported by the applicant and/or his/her spouse.

Remark 2: Include: Contribution from children not residing together (including money or contribution of housing / water/electricity/gas or other living expenses), relatives or friends, Rental income of property, land, carpark, vehicle or vessel, Interest from investments, fixed deposit, Alimony, Pension (excluding lump sum retirement gratuity), Widow's & Children's Compensation and others.

^{*} For the annual income of unmarried child/children residing with the family, 30% of the income is used.

^{**} For single-parent families of 2 to 3 members, the '+ 1 factor' in the formula will become +2.