



<b>供本校填寫</b> For Office Use Only 申請編號： 日期：	結果：全免 / 半免 / 不合資格 / 其他(請列明)： 校長簽署： 日期：
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**2024/2025 學生資助計劃申請表格 Application for Fee Remission**

\* 請用正楷填寫 Please complete the form in BLOCK LETTERS ;  
 請在適當空格中填上"✓" Please put a "✓" in the appropriate box

**第一部 申請人資料(家長或監護人) Part I Particulars of Applicant (Parent/guardian only)**

英文姓名 Name in English	中文姓名 Name in Chinese
香港身份證號碼 HKID Card No.	與學生關係 Relationship with student
聯絡電話 Telephone No. (住宅) (Home)	(手提) (Mobile)
通訊地址 Correspondence Address	
學生姓名 Name of Student	班別 Class
其他資料： 1. 是否有學生資助處發出之申請結果通知書？ Have you applied for financial assistance from SFO and obtained "Notification of result"? <input type="checkbox"/> 是 Yes 請附上申請結果通知書副本並直接填寫第四部。 Please submit a copy of the Notification and fill in Part IV directly. <input type="checkbox"/> 否 No 請於下列附註列明是否正在申請資助處學生資助計劃和申請日期；如沒有申請，請詳述申請本校學費資助原因，並填寫下列第二及三部。如你有特殊的經濟困難/失業/或須負責長期病患或永久殘疾的醫療開支，請詳述並附上有關證明文件(可另紙書寫)。 Please state if you have applied the Student Finance Scheme from SFO and the date of application; if no, please illustrate the reasons to support your application for fee remission and fill in Part II & III below. If you are having special financial difficulties/ being unemployed/ supporting the medical expenses of chronic diseases or permanent disability, please also submit all related supporting (use a separate sheet if necessary).  附註： Remarks            2. 是否有接受其他資助？(例如綜援、本地教育津貼等) <input type="checkbox"/> 是 Yes; 請註明 please specify _____ Are you receiving any other kinds of subsidy? (e.g. CSSA, LEA) <input type="checkbox"/> 否 No	

**第二部 家庭成員資料 Part II Particulars of Family Members**

A. 配偶 Spouse

你在1/4/2023 – 31/3/2024期間的婚姻狀況 Your marital status during the period from 1/4/2023 to 31/3/2024 (如已婚，請填寫配偶資料 Please fill in spouse's information if married)	<input type="checkbox"/> 已婚 Married <input type="checkbox"/> 離婚 / 分居 / 喪偶 / 未婚 Divorced / Separated / Widowed / Single
英文姓名 Name in English	中文姓名 Name in Chinese
香港身份證號碼 HKID Card No.	出生日期 Date of Birth

B. 同住未婚子女(如多於一名子女，請按年紀由小至大順序列出)

Unmarried children residing with the family (if more than one child, please fill out this part starting from the youngest child.)

1. 英文姓名 Name in English	中文姓名 Name in Chinese
香港身份證號碼 HKID Card No.	出生日期 Date of Birth
1/4/2023 – 31/3/2024期間的狀況 Status for the period from 1/4/2023 to 31/3/2024	<input type="checkbox"/> 在學 Under education <input type="checkbox"/> 就業 In employment <input type="checkbox"/> 失業/其他 Unemployed/Other



# TSUNG TSIN CHRISTIAN ACADEMY

## 基督教崇真中學

九龍長沙灣荔康街8號

電話 Telephone: 2728 8727 傳真 Fax: 2728 8021

8 Lai Hong Street, Cheung Sha Wan, Kowloon

網址 Website: <http://www.ttca.edu.hk>

2. 英文姓名 Name in English	中文姓名 Name in Chinese
香港身份證號碼 HKID Card No.	出生日期 Date of Birth
1/4/2023 – 31/3/2024期間的狀況 Status for the period from 1/4/2023 to 31/3/2024	<input type="checkbox"/> 在學 Under education <input type="checkbox"/> 就業 In employment <input type="checkbox"/> 失業/其他 Unemployed/Other
3. 英文姓名 Name in English	中文姓名 Name in Chinese
香港身份證號碼 HKID Card No.	出生日期 Date of Birth
1/4/2023 – 31/3/2024期間的狀況 Status for the period from 1/4/2023 to 31/3/2024	<input type="checkbox"/> 在學 Under education <input type="checkbox"/> 就業 In employment <input type="checkbox"/> 失業/其他 Unemployed/Other

### C. 受供養父母 Dependent Parent

1. 英文姓名 Name in English	中文姓名 Name in Chinese
香港身份證號碼 HKID Card No.	出生日期 Date of Birth
2. 英文姓名 Name in English	中文姓名 Name in Chinese
香港身份證號碼 HKID Card No.	出生日期 Date of Birth

### 第三部 家庭收入 Part III Family Income

請填寫你及你的家庭成員於2023年4月1日至2024年3月31日期間的職位、僱主/公司名稱及有關收入(包括兼職收入)。如屬家庭主婦、失業或已退休,請註明情況及有關時段。如有需要,可另以備有申請人加簽的附頁補充。

Please provide information on your position, name of employer/firm and relevant income (including part-time income) and those of your family member(s) during the period from 1/4/2023 – 31/3/2024. If you/your family member(s) was a housewife, was unemployed or has retired during the period, please specify the status and relevant duration. Additional sheet signed by the applicant may be added if there is insufficient space to provide the information.

申請人及家庭成員 Applicant and Family Member	職位 Position	僱主/公司名稱 Name of Employer/Firm	辦事處電話 Office Tel. No.	全年總收入 Total Annual Income (包括兼職) (including part-time)
(1) 申請人 Applicant				
(2) 配偶 Spouse				
(3) 同住未婚子女(如適用) Unmarried children residing with the family (if applicable) 姓名 Name:				
(4) 同住未婚子女(如適用) Unmarried children residing with the family (if applicable) 姓名 Name:				
(5) 其他收入(如適用) Other Income (if applicable) (*請刪去不適用選項 Please delete inappropriate)	*租金收入/投資所得利息/子女或親友津助/贍養費/其他 (請說明: _____)			
<b>總計/Total, i.e. (1) + (2) + (3) + (4) + (5) = _____</b>				

### 第四部 聲明 Part IV Declaration

本人 \_\_\_\_\_ (姓名) 現特此聲明, 這份申請表內填報的資料及本人的陳述和提交的證明文件均屬真實、完整和準確。本人明白及同意基督教崇真中學會根據本人所提供的一切資料評估本人家庭的資助資格及幅度。如有虛報、隱瞞事實、提供錯誤或誤導的資料, 或故意阻撓基督教崇真中學職員進行調查, 基督教崇真中學有權取消本人的申請資格, 並要求本人退還全部獲發的資助款項, 以及本人可能因此被檢控。本人承諾會在基督教崇真中學的要求下立即將多付予本人的資助歸還。

I, \_\_\_\_\_ (name), declare that the information in this application and the supporting documents provided by me are true and complete. I understand and give consent to Tsung Tsin Christian Academy to assess the eligibility and assistance level of my family based on the information. I also understand that any omission or misrepresentation of information or intentional disturbance to investigation with a view to obtaining pecuniary advantage by deception is an offence and is liable to legal proceedings. The school shall then have the right to forfeit my application and demand me to refund all subsidies obtained from this application. I also undertake to pay back all overpaid subsidy immediately under the request of Tsung Tsin Christian Academy.

日期

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

申請人簽署

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