HKCCCU Logos Academy

School Year 2026-2027
Application Form for Student Financial Assistance Schemes

Cover Sheet for Supporting Documents

Name of Applicant：_____ (Name of Parent / Guardian)

Name 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 Number：		

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.

※ Please upload copies of the Hong Kong Smart Identity Card of the applicant and family members (including the dependent parent(s) (if applicable)) as listed in the application form (Appendix 1).
(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.

HKCCCU Logos Academy

School Year 2026-2027

(Salaries Tax and Personal Assessment Year is from 1 April 2025 to 31 March 2026)

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@# A Mr. B Ms. C Miss

2. Name in English _____

3. Correspondence Address (Please fill out in English) Flat _____ Floor _____ Block _____

   Name of Building _____

   Estate / Village _____

   No. & Name of Street _____

   District _____

   Area # 1 HK 2 KLN 3 NT 4 OHK

4. Identity Document 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 Salaries Tax and Personal Assessment Year

   # A Married (Please provide spouse's information in Part III)

   B *Divorced／Separated／Widowed／Single, etc. (Please provide copies of supporting documents, and spouse's information need not be provided in Part III, If applicants are unable to provide the supporting documents, please explain in writing the reasons and sign on an explanatory note)

(# Please circle the appropriate boxes / items, * delete the inappropriate item and @ are optional items.)

Part II - Applicant's Supplementary Information

1 If you have filled in Part III particulars of any student-applicant or/and member who is not a self-bearing child of yours, please specify his/her name, explain in detail with proof why the application is not submitted by the parent of the student or/and state the reasons for declaring him/her as a family member.

2 If your family encounters a sudden financial hardship, please state details of the situation, relevant duration and submit supporting documents.

Part III - Particulars of Family Members

A. Spouse – (Marital status is : Divorced／Separated／Widowed／Single etc., need not be filled in)

1. Name in Chinese _____

2. Name in English _____

3. Identity Document: Identity Document Type： _____

   Identity Document No.： _____

4 HK Mobile Phone No. @ _____

B. Student and unmarried children residing with the family

(If there are more than 4 unmarried children residing with the family, please fill in the additional information at the bottom of this page.)

(Unmarried children in receipt of CSSA will not be counted as 'family members' under the Adjusted Family Income (AFI) mechanism, so need not be filled in.)

1. Name in Chinese _____

   Name in English _____

   Identity Document: Identity Document Type： _____

   Identity Document No.： _____

   Status for the period Salaries Tax and Personal Assessment Year # [A] Under Education [B] In employment [C] Unemployed/Other

2. Name in Chinese _____

   Name in English _____

   Identity Document: Identity Document Type： _____

   Identity Document No.： _____

   Status for the period Salaries Tax and Personal Assessment Year # [A] Under Education [B] In employment [C] Unemployed/Other

3. Name in Chinese _____

   Name in English _____

   Identity Document: Identity Document Type： _____

   Identity Document No.： _____

   Status for the period Salaries Tax and Personal Assessment Year # [A] Under Education [B] In employment [C] Unemployed/Other

4 Name in Chinese _____

   Name in English _____

   Identity Document: Identity Document Type： _____

   Identity Document No.： _____

   Status for the period Salaries Tax and Personal Assessment Year # [A] Under Education [B] In employment [C] Unemployed/Other

(# Please circle the appropriate boxes / items, @ is an optional item.)

Additional information - If there are more than 4 unmarried children residing with the family, please fill in the information in the box below.

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)

(Please refer to Paragraph 4.2 of "Guidance Notes on Application for Student Financial Assistance Schemes" for definition of "Dependent Parent". Please also provide supporting documents for dependence of the parents including tenancy agreement, residential address proof, receipt of the home for the elderly or the oath, etc.)

If the details of Dependent Parents are not identical to those in the Tax Return, the applicant should make an oath in any District Office to declare that all the information put down in the application form is true. The oath for each dependent parent could include：

1 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 with me/my spouse, without paying full cost for at least 6 months during the Salaries Tax and Personal Assessment Year; or

2 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 premises owned or rented by the me/my spouse for at least 6 months during the Salaries Tax and Personal Assessment Year; 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 Salaries Tax and Personal Assessment Year; or

4 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 the cost of living was/were totally supported by me/my spouse for at least 6 months during the Salaries Tax and Personal Assessment Year.

	Name of Dependent Parent	**Identity Document (Please provide copy)**	**Dependency Status (Please put "✓" in the appropriate box)**		
			at least 6 months during the Salaries Tax and Personal Assessment Year		
			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 the assessment period?	# Y or N			

(# Please circle the appropriate boxes / items.)

	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			

(# Please circle the appropriate boxes / items.)

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

Part IV - Family Income and Medical Expenses

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 Salaries Tax and Personal Assessment Year (Please refer to Paragraph 7 of "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 from _____month _____ year until _____month _____ year" or "I declare that I am unemployed and received no income since _____month _____ 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 "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	Total Annual Income ($) (Including salary / wage / bonus / allowance / part-time income (excluding Mandatory Provident Fund (MPF) / Provident Fund contribution by employee))			For Office Use
		Name	Salary ($)	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	Rental income of property, land, carpark, vehicle or vessel	Interests from investments, fixed deposit	Alimony	
		Pension (excluding lump sum retirement gratuity)	Widow's & Children's Compensation	Others		

6	Less: Medical Expenses Incurred by Family Member(s) with Chronic Illness (Guide for filling method, please refer to Paragraph 5.3 of "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. Please refer to Paragraph 5.3.1 of "Guidance Notes on Application for Student Financial Assistance Schemes".)			
	Name		Nature of incapacity or Chronic illness	Medical expenses incurred within the assessment period ($)	
	1				
	2				
	3				
	4				
			Total Net Family Income from Salaries Tax and Personal Assessment Year：	==========	

Part V - Declaration

I) I/We have read the "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：	

Appendix 1

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 family member (including the dependent parent (if applicable))	Copy of the HK Smart ID Card of family member (including the dependent parent (if applicable))
Family Member	Family Member
Copy of the HK Smart ID Card of family member (including the dependent parent (if applicable))	Copy of the HK Smart ID Card of family member (including the dependent parent (if applicable))
Family Member	Family Member
Copy of the HK Smart ID Card of family member (including the dependent parent (if applicable))	Copy of the HK Smart ID Card of family member (including the dependent parent (if applicable))
Family Member	Family Member

Appendix 2

Income Certificate

(For salaried employed person who cannot provide the "Guidance Notes on Application for Student Financial Assistance Schemes")

(Can be filled in directly)

WARNING: The personal data given in this statement should be true and complete. Any person who obtains property / pecuniary advantage by deception is liable on conviction to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

INCOME CERTIFICATE

This is to certify that _____ (HKID Card No. _____) is employed by this company as _____. His / Her total salary (including allowance, bonus, double pay, leave pay and other income (including Hong Kong, the Mainland and overseas), (but excluding Mandatory Provident Fund / Provident Fund contribution by employee, in actual figure) during the Salaries Tax and Personal Assessment Year (please specify the exact employment period within the above-mentioned period if it was less than 12 months: ___to___) is *HK$_____.

Signature of Employer : _____ Name of Employer : _____

Company Chop : _____ Telephone No. : _____

Company Address : _____

Date : _____

(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 deletion / amendment.)

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

INCOME CERTIFICATE

This is to certify that _____ (HKID Card No. _____) is employed by this company as _____. His / Her total salary (including allowance, bonus, double pay, leave pay and other income (including Hong Kong, the Mainland and overseas), (but excluding Mandatory Provident Fund / Provident Fund contribution by employee, in actual figure) during the Salaries Tax and Personal Assessment Year (please specify the exact employment period within the above-mentioned period if it was less than 12 months: ___to___) is *HK$_____.

Signature of Employer : _____ Name of Employer : _____

Company Chop : _____ Telephone No. : _____

Company Address : _____

Date : _____

(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 deletion / amendment.)

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

Appendix 3

WARNING: The personal data given in this statement should be true and complete. Any person who obtains property / pecuniary advantage by deception is liable on conviction to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

Profit & Loss Account

(For self-employed taxi driver / lorry driver / minibus driver etc.)
(Can be filled in directly)

Name of family member engaged in the following business :

Taxi driver / Lorry driver / Minibus driver (please circle)

Vehicle owner / Vehicle lessee (please circle)

License number (for vehicle owner only) :

(I) Profit and Loss Account

Salaries Tax and Personal Assessment Year

Income （HK$）

1. Rent (for vehicle owner only)	$
2. Profit from operating business	$
3. Others (please specify all items & breakdown of amounts)	$
（A）Total Income	$

Expenditure (excluding vehicle mortgages) (HK$)
(1 & 2 are applicable to vehicle lessee, 2 to 5 are applicable to vehicle owner)

1. Vehicle rental fee	$
2. Fuel charges	$
3. Insurance premium	$
4. Maintenance fee	$
5. License fees	$
6. Others (please specify all items & breakdown of amounts)	$
（B）Total Expenditure	$
Net profit [(A) Total Income – (B) Total Expenditure*]	$

(This amount should be filled in Part IV of the Application Form for Student Financial Assistance Schemes.)
*If Total Income is less than Total Expenditure (i.e. (A)-(B) <0), deficit will not be counted i.e. business loss cannot be deducted from the gross family income.

Remark (reason for not being able to provide income proof) :

Signature of family member engaged in the above business (if not the applicant) :

Applicant Name :
Applicant HKID No :
Applicant Signature :
Date :

Profit & Loss Account

(For person running business (including sole proprietorship / partnership business))
(Can be filled in directly)

Name of family member running the following company (Owner)
Company Name :
Nature of business :
Company address :
Sole proprietorship or partnership : (%)
(If it is a partnership, please specify the profit sharing ratio, e.g. Partnership (50%))

(I) Profit and Loss Account

Salaries Tax and Personal Assessment Year

（A）Gross Income (HK$)	$

Expenditure (HK$)
(The following is the running cost of the company and should not cover any household expenses.)

Cost on purchasing merchandise	$
Water, Electricity and Gas charges	$
Telephone and Insurance fee	$
Rent and rates	$
Salary of employees other than those marked '#' below	$
Transportation and Travelling fee	$
Repair and Maintenance fee	$
Others (please specify all items & breakdown of amounts)	$
Other Expenditure（HK$）	$
# Salary of owner paid by this co.	$
# Salary of other family member paid by this company (Name) :	: $
（B）Total Expenditure（HK$）	$

Family Income = (A) Gross Income – (B) Total Expenditure* + Salary of owner / other family member paid by this company#

$

(This amount should be filled in Part IV of the Application Form for Student Financial Assistance Schemes.)
*If Total Income is less than Total Expenditure (i.e. (A)-(B) <0), deficit will not be counted i.e. business loss cannot be deducted from the gross family income.

Remark (reason for not being able to provide income proof):

Owner Signature (if not the applicant) :

Applicant Name :
Applicant HKID No :
Applicant Signature :
Date :

Appendix 4

Self-prepared Income Breakdown

(For hawker / construction worker / renovation worker / casual worker / cleaner who cannot provide income proof)

(Please fill in all of the following items)

(Can be filled in directly)

WARNING: The personal data given in this statement should be true and complete. Any person who obtains property / pecuniary advantage by deception is liable on conviction to imprisonment for a maximum of 10 years under the Theft Ordinance, Chapter 210.

Name of the family member engaged in the following business : _____

(Each self-prepared income breakdown should contain the income information of ONE family member only.)

The relationship between this family member and the applicant: * Applicant / Spouse / Child (# please circle the appropriate item.)

Nature of Industry (e.g. Construction) : _____

Position (e.g. construction worker) : _____

Actual Income (**Please fill in actual figure**. If you do not have any income in a specific month, please fill in $0. Do not leave any month blank. In addition, for payment made in arrears, for instance, if the payment date of your salary for April is in May, you should fill in the salary amount in the month of April, etc.)

Salaries Tax and Personal Assessment Year

April	: HK$ _____		Sept	: HK$ _____		Jan	: HK$ _____	
May	: HK$ _____		Oct	: HK$ _____		Feb	: HK$ _____	
June	: HK$ _____		Nov	: HK$ _____		Mar	: HK$ _____	
July	: HK$ _____		Dec	: HK$ _____				
Aug	: HK$ _____							

Total Annual Income : HK$ _____

Payment method (Please circle the appropriate box/item. More than one item may be selected)

A By Cash / Cash cheque

B By Cheque / direct credit (Please provide a copy of the transaction record together with the page showing the name of the bank account holder, circle the entries and highlight the total amount with color for verification. For any entries other than income, please also make necessary remarks next to them, or else the school may include the amount in calculating your family income.)

Reason for not being able to provide income proof (Please circle the appropriate box/item.)

A I have no fixed employer.

B The company I worked for has wound up and I cannot obtain documentary proof from the ex-employer and do not have any other income proof.

C Others, please specify : _____

Declaration: I declare that the above information is true and complete.

Signature of family member engaged in the above business (if not the applicant): _____

Applicant Name : _____ Applicant HKID No : _____

Applicant Signature : _____ Date : _____