



Financial Aid Application Form
2026-2027

Student Name:

Class No:

Apply Date:_____

Date Received by

Guidance Office:_____

If the application is complete and the applicant is eligible, applications submitted on or before the 15th of each month will take effect the following month. Otherwise, the effective date will be postponed by one month.

Part 1: Applicant (Father/Mother or Guardian)

Chinese Name			Hong Kong Identity Card Number		
Home Telephone Number		Daytime Contact Number		Date of Birth	
Address					

Part 2: Family Members

A. Spouse Please indicate the applicant's marital status between April 1, 2025, and March 31, 2026: (Please check the appropriate box)

☐ Married	Chinese Name :	
	Hong Kong Identity Card Number :	Date of Birth :
☐ Divorced / Separated / Spouse Deceased / Other _____ (Please provide a copy of relevant supporting documents. No need to fill in the spouse's information)		

B. Children of the Applicant Currently Enrolled in School

English Name		Chinese Name	
Hong Kong Identity Card Number		Date of Birth	
School Attended	Heung To Middle School	Grade Level	
English Name		Chinese Name	
Hong Kong Identity Card Number		Date of Birth	
School Attended		Grade Level	
English Name		Chinese Name	
Hong Kong Identity Card Number		Date of Birth	
School Attended		Grade Level	
English Name		Chinese Name	

Hong Kong Identity Card Number		Date of Birth	
School Attended		Grade Level	

C. Dependent Parents Living with the Applicant		
English Name	Father	Mother
Chinese Name		
Hong Kong Identity Card Number		
Date of Birth		

Part 3: Family Income

☐ The applicant and their family members are currently receiving Comprehensive Social Security Assistance (CSSA) (*Please check the box if applicable and submit a copy of the "Medical Expenses Exemption Certificate")				
☐ The student is eligible for the Student Financial Assistance Scheme (☐ Full ☐ Half ☐ None Please check the appropriate box) and submit a copy of the "Student Financial Assistance Scheme Result Notification"				
Please complete and submit the following documents as proof: the positions, industries, and income of the applicant and their family members from April 1, 2025, to March 31, 2026 (you may submit documents such as tax returns, company salary certificates, etc.).				
Applicant and Family Members	Position	Industry	Office Telephone	Total Annual Income (HK\$) *Net income after deducting MPF contributions
A. Applicant				A.
B. Spouse				B.
C. Other Family Members' Income *				C.
*30% of the total annual income of unmarried children living with the applicant's family (if applicable)				
Rent Income / Alimony / Child and Relatives' Allowance / Other (please specify: _____)				D.
Total, i.e., A + B + C + D =				
Adjusted Family Income = (A+B+C+D) / (Number of family members + 1) or (Number of single-parent family members with 2-3 members + 2) =				

Part 4: Other Family Circumstances

If there are any special financial difficulties such as unemployment, or the need to cover medical expenses for chronic or permanent disabilities, please provide detailed information and supporting documents.

Part 5: Declaration

I declare that the information provided in this application form, my statements, and the supporting documents submitted are true, complete, and accurate. I understand and agree that Heung To Secondary School will assess my family's eligibility for financial aid and the amount of aid based on all the information I have provided. If I have made any false or misleading statements, withheld information, or intentionally obstructed the investigation of Heung To Secondary School staff, Heung To Secondary School has the right to cancel my

application and require me to return all financial aid received. I also agree to immediately return any overpayment of financial aid at the request of Heung To Secondary School.

Date: _____

Applicant's Signature: _____

For School Use Only

Form Teacher's Comments	Guidance Office Comments	School Scholarship and Financial Aid Management Review Panel Comments
☐ Agree ☐ Disagree Signature: _____ Date: _____	☐ Agree ☐ Disagree Signature: _____ Date: _____	Supporting Documents: ☐ CSSA ☐ Full Student Finance ☐ Half Student Finance ☐ Other Approval Result: Fee Remission Full/Half/Ineligible Total Amount of Aid for the Year: _____ Signature: _____ Date: _____