

Scout Association of Hong Kong
Assistance Scheme for
Needy Student Members' Training
(subsidized by Home Affairs Bureau)

(For Office Use Only)

Ref No :

Date :

For Scout members aged under 18, applicant shall be their parent/guardian.

(Please "✓" as appropriate)

A. Particulars of Scout member

Name of Scout member : _____

Scout ID :

--	--	--	--	--	--	--	--	--	--

Unit.: _____ (Region) / _____ (District) / _____ (Group)

Section : Cub Scout Scout Venture Scout Rover Scout

Training Course / Activity Applied: _____

B. Current financial situation / financial assistance, if any, received by the Scout member:

- a. Comprehensive Social Security Assistance (CSSA) : (CSSA Scheme Casefile Ref: _____)
- b. School Textbook Assistance Scheme (STAS) (Full/Half) : (STAS Casefile Ref: _____)
- c. 50% or above level of assistance from Tertiary Student Finance Scheme – Publicly Funded Programmes (TSFS) /50% or above level of assistance from Non-means-tested Loan Scheme for Full-time Tertiary Students (NLSFT): (TSFS/NLSFT Casefile Ref : _____)
- d. Special Family Financial difficulties (please specify) : _____

1. I hereby declare that the information given in this Application Form is true and correct.
2. I understand and agree that Scout Association of Hong Kong has the right to conduct comprehensive checking in the course of processing of application or after the disbursement of subsidy to verify that the information submitted by me is true, complete and accurate.\

Applicant Signature: _____ Name: _____ Date: _____	Relationship with the Scout member (if applicable) : _____ Email address: _____ Contact No.: _____
---	--

Personal particulars and other related information provided in this Application Form is voluntary and will only be used by the Association for processing the application and relevant purposes. We may not be able to process the application if no accurate or adequate data is provided.

C. Recommended by Group Scout Leader or Sectional Scout Leader (*please delete as appropriate)

I have read and confirmed that the information given in this Application Form (Item Ba to Bc is true and correct /special family financial difficulties specified in Item Bd is worth considering)* and I recommend granting subsidy to Group Scout member, _____.

Signature: _____ Name: _____ Contact No: _____	Post: _____ Email address: _____ Date: _____
--	--

For Districts / Regions / Leadership Training Institute / Branches use only

Date received: _____ Name: _____	Signature of Course Leader /Activity In-charge: _____ Post: _____
---	---