

SALEM-Immanuel Lutheran College
Application Form for Student Activities Support Grant (SASG) /
School-based After-school Learning and Support Programmes (SALS)

Name of the student : _____ (Class : _____ Class No.: _____)

A. Life-wide learning activity, exchange activity outside Hong Kong or community service:

Office Use

| | | | |
|----|---|--|--|
| 1. | _____ (Name of the activity) Fee paid for the activity: \$ _____ | Date of the activity: _____ Teacher-in-charge (TIC): _____ Signature of TIC: _____ <small>(No TIC signature needed for LWL activity organized by the school.)</small> | A <input type="checkbox"/> B <input type="checkbox"/> |
| 2. | _____ (Name of the activity) Fee paid for the activity: \$ _____ | Date of the activity: _____ Teacher-in-charge (TIC): _____ Signature of TIC: _____ <small>(No TIC signature needed for LWL activity organized by the school.)</small> | A <input type="checkbox"/> B <input type="checkbox"/> |
| 3. | _____ (Name of the activity) Fee paid for the activity: \$ _____ | Date of the activity: _____ Teacher-in-charge (TIC): _____ Signature of TIC: _____ <small>(No TIC signature needed for LWL activity organized by the school.)</small> | A <input type="checkbox"/> B <input type="checkbox"/> |

B. Activity organized/recognized by school, school-based learning activities, extra-curricular activities:

Office Use

| | | | |
|----|---|--|--|
| 1. | _____ (Name of the activity) Fee paid for the activity: \$ _____ | Date of the activity: _____ Teacher-in-charge (TIC): _____ Signature of TIC: _____ | A <input type="checkbox"/> B <input type="checkbox"/> |
| 2. | _____ (Name of the activity) Fee paid for the activity: \$ _____ | Date of the activity: _____ Teacher-in-charge (TIC): _____ Signature of TIC: _____ | A <input type="checkbox"/> B <input type="checkbox"/> |
| 3. | _____ (Name of the activity) Fee paid for the activity: \$ _____ | Date of the activity: _____ Teacher-in-charge (TIC): _____ Signature of TIC: _____ | A <input type="checkbox"/> B <input type="checkbox"/> |

C. Joining subject-based learning activity:

Office Use

| | | | |
|----|--|---|-------------------------------|
| 1. | _____ (Name of the activity) Fee paid for the activity: \$ _____ | Date of the activity: _____ Teacher-in-charge (TIC): _____ | A <input type="checkbox"/> |
| | Reflection on the subject-based learning activity (effectiveness and benefits of joining the activities): Signature of TIC: _____ | | B <input type="checkbox"/> |
| 2. | _____ (Name of the activity) Fee paid for the activity: \$ _____ | Date of the activity: _____ Teacher-in-charge (TIC): _____ | A <input type="checkbox"/> |
| | Reflection on the subject-based learning activity (effectiveness and benefits of joining the activities): Signature of TIC: _____ | | B <input type="checkbox"/> |

The financial status of the applicant's family is as follows: (Please give a ✓ in the appropriate box.)

- ☐ I am now receiving "Comprehensive Social Security Assistance" (CSSA).
☐ My son/daughter is receiving full grant under School Textbook Assistance Scheme (STAS-Full).
☐ My son/daughter is receiving half grant under School Textbook Assistance Scheme (STAS- Half).
☐ Not in the above categories, but my family is in financial difficulties.
 (Attached are copies of financial status declaration form, income proof documents and housing proof documents.)

The setting up of the School-based After-school Learning and Support Grant Programmes is to support those needy students who are receiving "Comprehensive Social Security Assistance" (CSSA) or in financial difficulties, in order to make sure that they can participate in after-school learning or support activities organized or arranged by school.
 (The school will keep the information confidential to ensure personal privacy.)

Name of the parent: _____ Signature of the parent: _____
 Mobile of the parent: _____ Date of application: _____

Remarks: For items not purchased through the school, please submit the original invoice or receipt with your application to the school office.
Enquiries can be made to Vice Principal Ms. Yu Suk Yin or Ms. So Wing Fun.

| To be filled in by school | | | | | |
|-----------------------------|-----------------------------|-----------------------------|----------------------------------|---|-----------------------|
| Category of activity | | | Reasons for application rejected | The total amount of subsidy (Source of Funding) | |
| | | | | SALS | SASG |
| A1 <input type="checkbox"/> | A2 <input type="checkbox"/> | A3 <input type="checkbox"/> | | \$ | \$ |
| B1 <input type="checkbox"/> | B2 <input type="checkbox"/> | B3 <input type="checkbox"/> | | \$ | \$ |
| C1 <input type="checkbox"/> | C2 <input type="checkbox"/> | | | \$ | \$ |
| | | | | Assessor: Yu Suk Yin | Assessor: So Wing Fun |
| | | | | Signature: _____ | Signature: _____ |