SALEM-Immanuel Lutheran College
Application Form for Enhanced School-based Learning Activities Support Grant (ESLASG)

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

A. Activities/competitions for broadening students' learning experiences outside the classroom (Exchange activity outside HK, life-wide learning activity, extra-curricular activities, arts and cultural or sports activities):

1.	_____ (Name of the activity) Date of the activity:_____ Fee paid for the activity: $_____ Teacher-in-charge (TIC): _____ Signature of TIC: _____ (No TIC signature needed for LWL activity organized by the school.)
2.	_____ (Name of the activity) Date of the activity:_____ Fee paid for the activity: $_____ Teacher-in-charge (TIC): _____ Signature of TIC: _____ (No TIC signature needed for LWL activity organized by the school.)
3.	_____ (Name of the activity) Date of the activity:_____ Fee paid for the activity: $_____ Teacher-in-charge (TIC): _____ Signature of TIC: _____ (No TIC signature needed for LWL activity organized by the school.)

B. Activity organized/recognized by school, school-based activities that foster students' personal growth (Community services, leadership training, social and communication skills training or mental health activities):

1.	_____ (Name of the activity) Date of the activity:_____ Fee paid for the activity: $_____ Teacher-in-charge (TIC): _____ Signature of TIC: _____
2.	_____ (Name of the activity) Date of the activity:_____ Fee paid for the activity: $_____ Teacher-in-charge (TIC): _____ Signature of TIC: _____
3.	_____ (Name of the activity) Date of the activity:_____ Fee paid for the activity: $_____ Teacher-in-charge (TIC): _____ Signature of TIC: _____

C. Activity organized/recognized by school, school-based activities that enhance students' learning effectiveness (Tutorial services, study skills training, language training):

1.	_____ (Name of the activity) Date of the activity:_____ Fee paid for the activity: $_____ Teacher-in-charge (TIC): _____
	Reflection on the subject-based learning activity (effectiveness and benefits of joining the activities): Signature of TIC: _____
2.	_____ (Name of the activity) Date of the activity:_____ Fee paid for the activity: $_____ Teacher-in-charge (TIC): _____
	Reflection on the subject-based learning activity (effectiveness and benefits of joining the activities): Signature of TIC: _____

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.)

I hereby declare that all information provided is true and accurate.

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****.*

(The school will keep the information confidential to ensure personal privacy.)

To be filled in by school					
Category of activity			Reasons for application rejected	The total amount of subsidy	
A1 ☐	A2 ☐	A3 ☐		$	$
B1 ☐	B2 ☐	B3 ☐		$	$
C1 ☐	C2 ☐			$	$
				Assessor: Yu Suk Yin Signature:_____	Assessor: So Wing Fun Signature:_____