

Means Test Assessment Form for Mainland University Study Subsidy Scheme 2024/25

(# Please put a "✓" in the appropriate box,* delete the inappropriate item(s) and @ are optional items)

Part I Personal Particulars of the Student's Father/Mother or Guardian (as recognised under the Guardianship of Minors Ordinance, Cap 13)

1.	Name in Chinese	<input type="text"/>	2.Title @ # <input type="checkbox"/> A. Mr. <input type="checkbox"/> B. Ms. <input type="checkbox"/> C. Miss	
3.	Name in English	<input type="text"/>		[C]
4.	Correspondence Address (in English)	Flat <input type="text"/> Floor <input type="text"/> Block <input type="text"/>		
	Name of Building	<input type="text"/>		
	Estate/Village	<input type="text"/>		
	No. & Name of Street	<input type="text"/>		[U]
	District	<input type="text"/>		
	Area	# <input type="checkbox"/> 1. HK <input type="checkbox"/> 2. KLN <input type="checkbox"/> 3. NT <input type="checkbox"/> 4. OHK(Outside HK)		
5.	Year of Birth	<input type="text"/>		
6.	HKID Card No.	<input type="text"/> ()		
		(If not available, please provide other identity document type and number in the boxes below)		
	Other Identity Document Type:	<input type="text"/> (Please refer to Paragraph 7.8.1.1 of the Guidance Notes)		[M]
	Other Identity Document No.:	<input type="text"/>		
7.	Home Tel. No. @	<input type="text"/>		
8.	HK Mobile Phone No.	<input type="text"/>		
9.	Marital status between 1.4.2023 and 31.3.2024			
	# <input type="checkbox"/> A. Married	<input type="checkbox"/> B. * Divorced/Separated/Widowed/Single/Others (Please specify : _____)		[SP]
	(Please provide information on spouse in Part II)	(Please provide copies of relevant supporting documents. Information on spouse need not be provided in Part II)		

Part II Particulars of Family Members

A. Spouse of the person specified in Part I				
1.	Name in Chinese	<input type="text"/>		
2.	Name in English	<input type="text"/>		[C]
3.	Year of Birth	<input type="text"/>		
4.	HKID Card No.	<input type="text"/> ()		[M]
		(If not available, please provide other identity document type and number in the boxes below)		
	Other Identity Document Type:	<input type="text"/> (Please refer to paragraph 7.8.1.1 of the Guidance Notes)		
	Other Identity Document No.:	<input type="text"/>		
5.	HK Mobile Phone No. @	<input type="text"/>		

B. Unmarried children residing with the person named in Part I (including (i) the student; (ii) for children other than the student, please provide a list starting from the youngest child)				
		Student	Other unmarried child residing with the family 1	
1.	Name in Chinese	<input type="text"/>	<input type="text"/>	1 2
2.	Name in English	<input type="text"/>	<input type="text"/>	[C] [C]
3.	Date of Birth	D <input type="text"/> M <input type="text"/> Y <input type="text"/>	D <input type="text"/> M <input type="text"/> Y <input type="text"/>	
4.	HKID Card No./ Birth Certificate No.	<input type="text"/> ()	<input type="text"/> ()	
	If not available, please provide:			
	Other Identity Document Type	<input type="text"/> (Please refer to Paragraph 7.8.1.1 of the Guidance Notes.)	<input type="text"/> (Please refer to Paragraph 7.8.1.1 of the Guidance Notes.)	
	Other Identity Document No.	<input type="text"/>	<input type="text"/>	
5.	Status for 2023-24	# <input type="checkbox"/> A. Attending schools <input type="checkbox"/> B. In employment <input type="checkbox"/> C. Unemployed <input type="checkbox"/> D. Others	# <input type="checkbox"/> A. Attending schools <input type="checkbox"/> B. In employment <input type="checkbox"/> C. Unemployed <input type="checkbox"/> D. Others	[S] [S]

Part IV Family Income

Please provide information on the position and relevant actual income (including part-time income and no need to fill in decimal places) of the father/mother/guardian of the student and those of his/her family member(s) during the period from 1 April 2023 to 31 March 2024 and provide copies of the relevant income proof (please refer to Paragraph 8.2 of the Guidance Notes). For housewives, the unemployed, retirees or those who were not working a whole year during the period, please specify their status and the relevant duration(s). If necessary, a separate sheet endorsed with the signature of the father/mother/guardian of the student may be used to provide supplementary information. For self-employed persons, please provide the relevant income proof (e.g. receipt for services rendered, profit and loss account (please refer to Attachment V of Guidance Notes) or Personal Assessment Notice issued by the Inland Revenue Department). The EDB/SFO may make adjustment and apply benchmark figures based on the data/information obtained from the relevant government departments (e.g. Census and Statistics Department) to assess the income of the father/mother/guardian of the student and those of his/her family member(s) if no proof or detailed calculation of the total income earned during the year of assessment is provided by the father/mother/guardian of the student.

Father/mother/guardian of the student and his/her family member(s)	Mode of Employment	Position / Other (e.g. housewife, unemployed, retired) (Please specify the period if it is not a whole year)	Total Annual Income (\$)		For Office Use	
			(including bonus/allowance/part-time income (excluding Mandatory Provident Fund/Provident Fund contribution by employee))			
① Father/mother/guardian of the student	# <input type="checkbox"/> Full-time		Salary (\$)	<input type="text"/>	<input type="text"/>	
	# <input type="checkbox"/> Part-time		Business profit (\$)	<input type="text"/>		
② Spouse of the person specified in Item 1 above	# <input type="checkbox"/> Full-time		Salary (\$)	<input type="text"/>	<input type="text"/>	
	# <input type="checkbox"/> Part-time		Business profit (\$)	<input type="text"/>		
③ Unmarried child residing with the person specified in Item 1 above (if applicable) Name: _____	# <input type="checkbox"/> Full-time		Salary (\$)	<input type="text"/>	<input type="text"/>	
	# <input type="checkbox"/> Part-time		Business profit (\$)	<input type="text"/>		
④ Unmarried child residing with the person specified in Item 1 above (if applicable) Name: _____	# <input type="checkbox"/> Full-time		Salary (\$)	<input type="text"/>	<input type="text"/>	
	# <input type="checkbox"/> Part-time		Business profit (\$)	<input type="text"/>		
⑤ Other income (if applicable)	Contribution from children not residing together, relatives or friends (\$)		Rental income from properties/lands/car parking spaces/vehicles/vessels (\$)	Interest income from investments, fixed deposits(\$)	Alimony (\$)	<input type="text"/>
	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	
	Pension (excluding lump sum retirement gratuity) (\$)		Widow's & Children's Compensation (\$)	Others (\$)		
<input type="text"/>		<input type="text"/>	<input type="text"/>			
Total = _____						

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Part V Medical Expenses Incurred by Family Member(s) with Chronic Illness (Please provide a copy of the supporting documents)

Name	Nature of incapacity or chronic illness	Medical expenses incurred within the assessment period (\$)
		<input type="text"/>

Part VI Supplementary Information on the Father/Mother/Guardian of the Student (Please use separate sheets if necessary)

- If the student/unmarried child/children residing with the family specified in Part II is/are not the biological child/children of the father/mother/guardian of the student, please specify his/her/their name(s) and state the reasons for the application not being submitted by the biological parent(s) of the student and provide relevant proof.
- If the family of the father/mother/guardian of the student is receiving / has received CSSA any time during the period from 1 April 2023 to the time of submission of application, please specify the relevant duration, names of the family members in receipt of CSSA and quote the CSSA reference number.
- If the father/mother/guardian of the student has experienced special financial hardship, please give details of the situation, the duration of such hardship, and submit supporting documents.

Part VII Declaration

I/We have read the "Guidance Notes on Application for Mainland University Study Subsidy Scheme 2024/25" (Guidance Notes) (M3). 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 Guidance Notes as may be amended by the Government of the Hong Kong Special Administrative Region (HKSAR) from time to time and such other requirements and directions as specified from time to time by the Government of the HKSAR. I/We hereby declare that:

- The information in the application form, supplementary form(s) (if any) and the supporting documents and all other information and representation provided or made by me/us in relation to my/our application are true, complete and accurate. I/We understand and consent that (i) Education Bureau (EDB)/Student Finance Office (SFO) under the Working Family and Student Financial Assistance Agency will assess the eligibility and assistance level of my family based on the information provided by me/us; (ii) EDB/SFO may conduct authentication of my/our application including home visits and random checking and take other actions as necessary to investigate and verify whether the information provided in relation to my/our application is true, complete and accurate. I shall fully cooperate, and shall procure my family members to fully cooperate with staff of EDB/SFO; and (iii) EDB/SFO may make adjustment to the assistance level/amount of financial assistance granted based on the findings of the authentication. Any misrepresentation, concealment of facts, provision of misleading or false information or intentional obstruction of the authentication conducted by the staff of EDB/SFO may lead to revocation of an issued eligibility certificate and withdrawal of the letter notifying the result of my/our application, restitution in full of the assistance granted and possible prosecution. I/We undertake to refund in full the Government of the HKSAR any overpayment of financial assistance granted to me/us under any of the financial assistance schemes and loan schemes administered by EDB/SFO, regardless of the cause for such overpayment, immediately upon request. I/We also agree that if any overpayment was made to me/us or any amount was due to be paid by me/us to the Government under or in connection with any of the financial assistance schemes and loan schemes administered by EDB/SFO, EDB/SFO may set off the amount overpaid or the amount due against the financial assistance which I am/we are entitled to under any financial assistance scheme(s) administered by EDB/SFO.
- I/We give consent to EDB/SFO and its authorised bodies (including but not limited to relevant government bureaux/departments such as EDB, Social Welfare Department (SWD), the agents of EDB/SFO, the schools/institutions concerned, etc.) to process my/our application and use the personal data provided to EDB/SFO in connection with the application form and supplementary form(s) (if any) in accordance with Paragraph 5 of the Guidance Notes and to liaise with related parties to verify and disclose the information provided by me/us. I/We agree that the relevant Government bureaux/departments/organisations (including but not limited to SWD) to release my/our personal data to EDB/SFO for the purpose of processing and vetting any information in this application.
- I am/We are authorised by all the family members listed in the application form to give consent and hereby give consent on their behalf to EDB/SFO and its authorized bodies to use such family members' personal data in accordance with Paragraph 5 of the Guidance Notes and to liaise with related parties to verify and disclose the information provided to EDB/SFO. I/We consent to EDB/SFO and the relevant Government bureaux/departments/organisations (including but not limited to SWD) to carry out the matching procedure for the purposes of processing the application and the granting of other student financial assistance, which may include the recovery of overpayment(s) (if applicable) from me/us.

This declaration shall be governed by and construed in accordance with the laws of the HKSAR. I/We and the Government of the HKSAR shall irrevocably submit to the jurisdiction of the Courts of the HKSAR. I/We have read the provisions of this declaration carefully and fully understood my/our obligations and liabilities under this declaration.

Signature of Student's Father/Mother/Guardian* : _____ Date : _____

Signature of Spouse of Student's Father/Mother/Guardian* : _____ Date : _____

Signature of Student : _____ Date : _____