

**Assistance Scheme for Needy Student Members' Uniform**  
**(subsidized by Home and Youth Affairs Bureau)**  
**Application form**

(For Administration Branch only) File No.: Received Date:
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*【Section A and B to be completed by Applicant (For Student members aged under 18, applications shall be made by their parents / guardians, while for Student members aged 18 or above, they may apply by themselves.)】*

**Section A: Particulars of Student Member**  
(Please “✓” as appropriate)

1. Name : \_\_\_\_\_ 2. Sex:  Male  Female  
(English) (Chinese)
3. Group No. : \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(Region) (District) (Group)
4. Section :  Cub Scout  
 Scout  Sea Scout  Air Scout  
 Venture Scout  Venture Sea Scout  Venture Air Scout  
 Rover Scout  Rover Sea Scout  Rover Air Scout
5. Scout ID : \_\_\_\_\_
6. Name of School : \_\_\_\_\_ 7. Class : \_\_\_\_\_

**Section B: Applicant Declaration**

I have read and fully understood the application guideline for the Assistance Scheme for Needy Student Members' Uniform (subsidized by Home and Youth Affairs Bureau)(“this scheme”). I would like to make the following declarations:

- (1) I understand and confirm the student member is not currently receiving subsidies/services provided by the Government and other agencies for the subsidized items.
- (2) I understand that I can apply for subsidies/services from the Government and other agencies to complement the subsidies provided by Scout Association of Hong Kong (“SAHK”) for the subsidized items.
- (3) I fully understand and agree that SAHK and Home and Youth Affairs Bureau (“HYAB”) can obtain information from me for the purpose of participating in this scheme.
- (4) I undertake to provide true information and not to withhold any information. I will absolutely not mislead SAHK and HYAB for the purpose of obtaining subsidies.
- (5) I agree to and respect the assessment of SAHK and I am willing to accept the final decision.

Signature of Applicant :	Relationship with
Name :	the Student Member
Date :	(If applicable) :
_____	Contact No. :
_____	_____

**Section C: Scout Group Recommendation** *【Section C and D to be completed by Scout Group】*  
**According to the information provided by the applicant, our Scout Group recommends the application and certifies:**

*(Please “✓” as appropriate)*

(Please attach photocopy of proof of government subsidy currently receiving by the student member)

(1) The family of the student member receives

- Comprehensive Social Security Assistance
- Full grant under the Student Financial Assistance Scheme
- Half grant under the Student Financial Assistance Scheme
- 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)

(2) If none of the above mentioned financial assistance is received, please fill in the following information:

Gross annual household income<sup>1</sup>: HK\$ \_\_\_\_\_ (The gross annual household income proof must be provided.)

Number of family members<sup>2</sup>: \_\_\_\_\_ persons (  Single-parent family )

<sup>1</sup> Gross annual household income includes the annual income of the applicant and his/her spouse; 30% of the annual income of unmarried children residing with the family if applicable; and the contribution from relatives/friends (if applicable).

<sup>2</sup> Members of family normally include to the applicant, his/her spouse, unmarried children residing with the family and the dependent parent(s) who are supported by the applicant and/or his/her spouse. Please indicate beside the number of family members if the applicant is from a single-parent family.

(3) Remarks:  Members of the Scout Section are required to wear trousers.  
 Others (Please specify: \_\_\_\_\_)

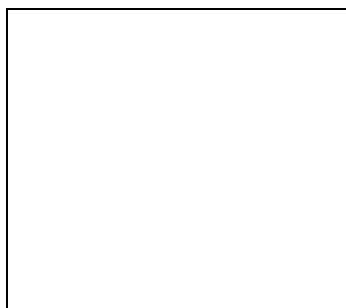
**Section D: Scout Group Contact Information**

Scout Group No. : \_\_\_\_\_

Address of Scout Group : \_\_\_\_\_

Contact Person : \_\_\_\_\_ Contact Phone No. : \_\_\_\_\_

Email Address : \_\_\_\_\_



Signature : \_\_\_\_\_

Name : \_\_\_\_\_

Post\* : Group Scout Leader / Representative of the Sponsor

Date : \_\_\_\_\_

*(\* Please delete as appropriate)*

(Group Chop)

Postal Address

Contact Person : \_\_\_\_\_  
 Scout Group No. : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Contact Person : \_\_\_\_\_  
 Scout Group No. : \_\_\_\_\_  
 Address : \_\_\_\_\_  
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