THE UNIVERSITY OF HONG KONG

FACULTY OF LAW

University Financial Assistance

To: Head, Department of Professional Legal Education

|  |
| --- |
| *Name of Applicant:*  *(BLOCK LETTER)* |
| *University No.:* |
| *Correspondence Address:* |

I am submitting an application for financial assistance. I agree to the release of all information (including my personal details) contained herein and in the attached documents to the relevant parties who are directly involved in the assessment and approval of my application(s) for University Financial Assistance. My reasons for applying are as follows:

|  |  |  |
| --- | --- | --- |
| Date |  | Signature |

\* Please write legibly. This application will be circulated to the Centre of Development and Resources for Students and the Committee on Campus Life.

\* Use supplementary sheet if required.

**THE UNIVERSITY OF HONG KONG**

**FACULTY OF LAW**

**Application for the HKU PCLL Bursaries**

**2020/21**

1. Information on the financial circumstances of yourself and your family is essential to our assessment of your application. You are required to complete the attached form and return the completed form with the following supporting documents:

Income proof (01/04/2019 - 31/3/2020)

Bank Statement in the past 2 months

2. I hereby declare that the information stated in the attached sheet is true and complete to the best of my knowledge

Name:

HKID No.:

Signature:

Date:

September 2020

**FACULTY OF LAW**

**SUPPLEMENTARY INFORMATION SHEET INCOME PROOF IS REQUIRED**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **TABLE 1: FAMILY MEMBERS** | | | | | | |  | | | |  | **Present Situation** | | | | | | | | | | | **Actual Income during the Financial Year: 1.4.2019 – 31.3.2020** | | | | | | | | | | | | | | | | |  | | |
| Code No (CN) | Name | | | | | | Age | | | Relationship with Applicant | | Present Occupation / Employment (state name of post and grade / rank) | | | Present Monthly Income | | Employer / Firm / School (a) Name / Year of Study (only applicable to students); (b) Contact Telephone No.; (c) Full / Part-time (if there is not enough space here to fill in all the information, please use Table 6.) | | | | | | Salary / Wage / Bonus / Allowance /  Part-time income | | | Business Profit | | | | Pension | Remittance / Contribution Received | | Rental Income of Property / Land / Carpark / Vehicle / Vessel | | Other Income (please specify) | | | Total | | Whether receiving CSSA from SWD \*@ | |
|  | Chinese | English | | | | |  | | |  | |  | | | **A** | | **B** | | | **C** | | | | **D** | **E** | | **F** | | **G** | | |  | | **H** | |
| **Section A: Applicant and applicant’s parents or spouse** (For retired parents, please also complete Table 2**.** For married applicant, parents’ information should be entered in Table 3 only.) | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | |  |  | |  | |  | | |  | |  | |
| 1 |  |  | | | | |  | | | Applicant | |  | | |  | | (a) | | | | | |  | | |  | | | |  |  | |  | |  | | | **Section A** No. of persons | |  | |
| (b) (c) | | | | | |
| 2 |  |  | | | | |  | | | Father^ | |  | | |  | | (a) | | | | | |  | | |  | | | |  |  | |  | |  | | |  | |
| (b) (c) | | | | | |
| 3 |  |  | | | | |  | | | Mother^ | |  | | |  | | (a) | | | | | |  | | |  | | | |  |  | |  | |  | | |  | |
| (b) (c) | | | | | |
| 4 |  |  | | | | |  | | | Spouse^ | |  | | |  | | (a) | | | | | |  | | |  | | | |  |  | |  | |  | | |  | |
| (b) (c) | | | | | |
|  |  |  | | | | |  | | |  | |  | | |  | |  | | | | | |  | | |  | | | | **Section A** Total Annual Income | | | | |  | | | | |  | |
| **Section B:** **Applicant’s UNMARRIED brothers and sisters** (For married applicant, his / her children) **resident with the family between 1.4.2019 and 31.3.2020** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 |  |  | | | | |  | | |  | |  | | |  | | (a) | | | | | |  | | |  | | | |  |  | |  | |  | | | **Section B** No. of persons | |  | |
| (b) (c) | | | | | |
| 6 |  |  | | | | |  | | |  | |  | | |  | | (a) | | | | | |  | | |  | | | |  |  | |  | |  | | |  | |
| (b) (c) | | | | | |
| 7 |  |  | | | | |  | | |  | |  | | |  | | (a) | | | | | |  | | |  | | | |  |  | |  | |  | | |  | |
| (b) (c) | | | | | |
| 8 |  |  | | | | |  | | |  | |  | | |  | | (a) | | | | | |  | | |  | | | |  |  | |  | |  | | |  | |
| (b) (c) | | | | | |
|  |  |  | | | | |  | | |  | |  | | |  | |  | | | | | |  | | |  | | | | **Section B** Total Annual Income | | | | |  | | | | |  | |
| **Section C:** **Applicant’s UNMARRIED siblings # who have left Hong Kong to study abroad between 1.4.2019 and 31.3.2020** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code No (CN) | Name | | | Age | | | | Relationship with Applicant | | | | Place / Country of Study | | Name of Institution | | | | | | Course Name | | | | | | | | | Study Level  (e.g. Degree, Master Degree) | | | Year of Study | | Expected Month and Year of Graduation | | Whether dependent on applicant’s parents for living \* | | | | **Section C** No. of persons | | |
| 9 |  | | |  | | | |  | | | |  | |  | | | | | |  | | | | | | | | |  | | |  | |  | |  | | | |
| 10 |  | | |  | | | |  | | | |  | |  | | | | | |  | | | | | | | | |  | | |  | |  | |  | | | |
| **Section D: Applicant’s grandparents (excluding non-Hong Kong residents) who depended on applicant’s parent(s) between 1.4.2019 and 31.3.2020** | | | | | | | | | | | | | | | | | | | | | | | |  | **TABLE 2: ADDITIONAL INFORMATION ON RETIRED PARENTS OF THE APPLICANT** | | | | | | | | | | | | | | | | | |
| Code No (CN) | Name | | Age | | | Sex | | | Whether resided with family members listed in Sections A & B above\* | | | Whether resided in applicant’s parents’ owned / rented premises if not residing with family members\* | | | | Whether dependent on applicant’s parents for living\* | | If resided in an elderly home, whether the expenses were fully covered by applicant’s parents\* | Whether receiving CSSA\*@ | | **Section D** No. of persons | | |  | Code No (CN) | | Name | | | | | Retirement Date | | Name and Telephone No. of Last Employer | | | | | Lump Sum Gratuity | | Present Monthly Pension | |
| 11 |  | |  | | |  | | |  | | |  | | | |  | |  |  | |  | 2 | |  | | | | |  | |  | | | | |  | |  | |
| 12 |  | |  | | |  | | |  | | |  | | | |  | |  |  | |  | 3 | |  | | | | |  | |  | | | | |  | |  | |
| **TABLE 3 APPLICANT’S OTHER FAMILY MEMBERS – Applicant’s siblings living away from the family (including those living in the Mainland or overseas) and/or any other persons residing with the family but not included in Table 1** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Code No (CN) | Name | | Age | | Married / Single | | | | | Relationship with Applicant | | | Residential Address | | | | | | | | | Telephone No. | | | | | | Occupation | | | | Annual contribution / remittance to members in Table 1 above between 1.4.2019 and 31.3.2020 | | | | | Whether dependent on applicant’s parents for living\* | | | | | | |
| 13 |  | |  | |  | | | | |  | | |  | | | | | | | | |  | | | | | |  | | | |  | | | | |  | | | | | | |
| 14 |  | |  | |  | | | | |  | | |  | | | | | | | | |  | | | | | |  | | | |  | | | | |  | | | | | | |
| 15 |  | |  | |  | | | | |  | | |  | | | | | | | | |  | | | | | |  | | | |  | | | | |  | | | | | | |
| 16 |  | |  | |  | | | | |  | | |  | | | | | | | | |  | | | | | |  | | | |  | | | | |  | | | | | | |

# Please complete this part if the family member was a full-time student studying abroad between 1.4.2019 and 31.3.2020

@ CSSA Comprehensive Social Security Assistance (excluding Old Age Allowance / Disability Allowance). Please report Disability Allowance in the “Other Income” column.

^ If your parents are not residing with your family members, please provide detail in Table 6 “Additional Information by Applicant”. If your parents have divorced or you have divorced, please state in Table 6.

\* Please indicate “Yes” or “No” in the Box.

**NOTE: Please do not omit any information. Use separate sheets if necessary.**

September 2020

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| **TABLE 4 ASSETS** | | | | | | | | | | | |  | **TABLE 5 LOAN FROM OTHERS (e.g. Non-means-tested loans, financial assistance scheme)** | | | | |
| Please do not omit any information. Use separate sheets if necessary. | | | | | | | | | | | |  | **(A) Existing Loan** | | | | |
| **(A) Bank Deposits (including savings / time / current / club deposits / integrated accounts in local** | | | | | | | | | | | |  | Code | Borrower | Name of Bank / Financial Company | Amount ($) of loan | Balance as at |
| **and foreign currencies)\*** | | | | | | | | | | | |  | No |  |  |  | time of application |
| Code No. of | Name of Bank / | | | Account Number | | Type of Account | | Currency | | Balance as at | |  |  |  |  |  |  |
| Owner | Financial Company | | |  | | (e.g. time deposit) | |  | | time of application | |  |  |  |  |  |  |
| 1 |  | | |  | |  | |  | |  | |  |  |  |  |  |  |
|  |  | | |  | |  | |  | |  | |  |  | | | | |
|  |  | | |  | |  | |  | |  | |  | **(B) Intending Loan** | | | | |
|  |  | | |  | |  | |  | |  | |  | Code | Borrower | Name of Bank / Financial Company | | Amount ($) of |
| 2 |  | | |  | |  | |  | |  | |  | No |  |  | | loan applied for |
|  |  | | |  | |  | |  | |  | |  |  |  |  | |  |
|  |  | | |  | |  | |  | |  | |  |  |  |  | |  |
|  |  | | |  | |  | |  | |  | |  |  |  |  | |  |
| 3 |  | | |  | |  | |  | |  | |  |  | | | | |
|  |  | | |  | |  | |  | |  | |  | **TABLE 6 LENGTH OF RESIDENCE IN HONG KONG** | | | | |
|  |  | | |  | |  | |  | |  | |  |  | | | | |
|  |  | | |  | |  | |  | |  | |  | I, , have / do not have \* right of abode in Hong Kong. I have resided | | | | |
| 4 |  | | |  | |  | |  | |  | |  | (name) | | | | |
|  |  | | |  | |  | |  | |  | |  | / have had my home continuously \* in Hong Kong since the Year . | | | | |
|  |  | | |  | |  | |  | |  | |  | *\* Delete if inappropriate* | | | | |
|  |  | | |  | |  | |  | |  | |  |  | | | | |
|  |  | | |  | |  | |  | |  | |  | **TABLE 7 ADDITIONAL INFORMATION BY APPLICANT** | | | | |
| Deposits Held in Joint Accounts | | | | | | | | | | | |  |  | | | | |
|  |  | | |  | |  | |  | |  | |  |  | | | | |
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|  |  | | |  | | **For Official Use** | | | |  | |  |  | | | | |
| **(B) Loan to Others (balance as at time of application)** | | | | | | | | | | | |  |  | | | | |
|  | | | | |
| Code No. or Name of Owner | | Amount ($) of loan to others not yet repaid by borrower | | | | | | | **For Official Use** | | |  |  | | | | |
|  | |  | | | | | | |  | | |  | The following supporting document(s) is / are not yet available but I undertake to submit it / them to the | | | | |
|  | |  | | | | | | |  | | |  | Department of Professional Legal Education once available: | | | | |
|  | | | | | | | | | | | | |  | | | | |
| **(C) Others (balance as at time of application)** | | | | | | | | | | | | |  | | | | |
| Code No. | Gold (tale / ounce) | | Silver | | Cash | | Asset held in trust for others | | | | Other assets |  |  | | | | |
| or Name of | (please specify) | | (ounce) | | ($) | | ($)\* | | | | (please specify) |  |  | | | | |
| Owner |  | |  | |  | |  | | | |  |  |  | | | | |
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|  |  | |  | |  | | **For Official Use** | | | |  |  | *\* Use separate sheet if necessary* | | | | |
| *\* Please provide photocopies of documents that can identify the name of the holder of the account and the account number (e.g. the first page of a savings passbook and photocopies of all bank accounts or monthly statements that can show all the transactions 2 months prior to the time of application. If the mature date of the deposit does not fall on the time of application, you should still provide copies of the relevant receipt notice statement and write down the principal amount on it.* | | | | | | | | | | | |  |  | | | | |
|  |  | | | | |
|  |  | | | | |
|  | Signature: Date: .  September 2020 | | | | |