## The Islamic Union of Hong Kong

PHOTO OF APPLICANT

## EDUCATION ASSISTANCE APPLICATION FORM (FOR THE YEAR 2017 - 2018)

NAME:			NATIONALITY:
DATE OF BIRTH:	SEX:		ID CARD NO:
ADDRESS:			
OCCUPATION:			
MONTHLY INCOME : (Please prov	vide your salary proo	f)	
HOME PHONE:		MOBI	LE NO.:
OTHER ASSISTANCE RECEIVED	FOR THE CURRENT	YEAR**	
FROM (School / Organization ):			
FOR (Please specify in details):			
AMOUNT: \$			OR OTHERS:
FAMILY INFORMATION:			
NO. OF CHILDREN:			
NAME OF CHILDREN AND RELE	VANT INFORMATIO	N:	
(Please submit supporting docum	ents e.g.: copies of bi	rth certifi	cate and student handbook)
1. NAME:		AGE:	NAME OF SCHOOL:
2. NAME:		AGE:	NAME OF SCHOOL:
3. NAME:		AGE:	NAME OF SCHOOL:
4. NAME:		AGE:	NAME OF SCHOOL:
5. NAME:		AGE:	NAME OF SCHOOL:
6. NAME:		AGE:	NAME OF SCHOOL:
OTHER INCOME: (total average f	for the last 12 month	s):	
GOVERNMENT SUBSIDY: (Please	specify) (For recipie	ent of CSS	A, we apologized application is not accepted.)
REASONS FOR APPLICATION**:			
(I.e. Tuition Fee, School Uniform,	School Text Books 6	etc.) Origi	nal receipts of the approved items must be provided
afterwards, otherwise applicatio	n will not be conside	ered in fu	ture.
Item:			Amount
Item:			Amount
Item:			Amount
* Please complete the form in Eng	lish.		

DATE:	SIGNATURE:	

<sup>\*\*</sup>You may use a separate sheet if necessary.