GUIDANCE NOTES FOR COMPLETION

THE FINANCIAL ASSISTANCE SCHEME APPLICATION FORM

## ELIGIBILITY CRITERIA

Under current Financial Assistance Scheme policy, families of applicants have to have had encountered **“sudden and unexpected”** change of circumstances\* during the period of 12 months immediately prior to date of application in order to qualify for hardship allowance assessment (Means Test).

If an applicant whose application for financial assistance was successful in prior year and the adverse financial impact resulted from the “sudden and unexpected” change of circumstances is still proven after the 12 month period, the case is deemed eligible for the means test till the completion of student’s schooling at primary or at secondary school. Under any circumstances, financial assistance granted to a particular student will not be more than 5 years (Year 2 to 6) and 6 years (Year 8 to 13) for primary and secondary school student respectively. Financial assistance will be granted provided that the means test is passed. Each case will be reviewed individually based on the supporting documents provided.

Tuition fees relief for 3 months will be granted following the death of a parent. Application needs to be made within 12 month after the death and a copy of the death certificate is required. Means test is not required in this situation. Should the student needs any further financial assistance after the 3 month period, a separate application is required.

If the family of an applicant is in receipt of Comprehensive Social Security Assistance (CSSA) from the government during the school year, means test will be exempt and full remission will be granted upon application and supporting document received. Additional financial assistance will be considered to cover the student’s mandatory education or curriculum expenses including public examination fees, CAS activity fees, compulsory laptop and etc.

In the absence of “sudden and unexpected” change of circumstances, financial assistance will be considered

provided that:-

* the family has 2 or more students currently studying in ESF schools, and
* one of whom has been studying in an ESF school continuously for 5 years or more, and
* the family has good tuition fees payment history, and
* the family’s income and assets level pass the means test

Eligibility criteria and the definition of “sudden and unexpected” change of circumstances for Private Independent Schools (PIS) may be slightly different from that of ESF schools. For details, please refer to respective PI schools web-site

## STATEMENT OF INCOME

Please state the following under income declaration:

* Latest annual salaries / wages, business profit, any other earned income of all family members received in the year. The annual income for the period should also include bonus, commissions, tips and any allowance received. All latest income information of the applicant which can help ESF make an informed decision would be welcomed. Applications made later in school year should supply most recent data on income.
* Remittances and contributions received from family members, relatives or friends.
* Latest annual rent received in the past financial year from letting of any houses, flats, shops or land owned by any member of the family (in Hong Kong or overseas). This should also include any subletting of house/flat occupied by the family. Details of which should be given in the ASSETS Section.

## ASSETS & LIABILITIES

Please give full details of all assets held at current market value, owned or partly owned by each member of the family during the period of 12 months immediately prior to date of application. This should include all land and properties, stocks and shares, vehicle(s), monies including foreign currencies deposited in bank(s) and/or other financial institutions, company, firm or with individual person, and finally any cash on hand. All liabilities incurred by the family (including all local and / or overseas personal loans, mortgages, credit card balances, etc).

## HOUSING

Please give full details of accommodation occupied by the family. Do not include management fees, electricity, gas or water charges. *If housing is rented, one copy of the current rental agreement in respect of your housing should be attached to the form, failure to do so may result in the exclusion of housing expenditure incurred by you.*

**MEDICAL COST**

Medical expenses for any member of family, who is permanently incapacitated or chronically sick, may be allowed for deduction. Please give details. A social welfare or a medical certificate should be attached. It should state the nature of the incapacity or sickness and confirm that the costs declared are reasonable.

## ADDITIONAL INFORMATION BY APPLICANT

If there has been a considerable change in circumstances, information as detailed above should still be supplied. In addition, documentary evidence of new circumstances must also be included. This may be photocopy of notification of redundancy or cancellation of a contract, a statement of new income, copy of pay advice etc.

## DOCUMENTS TO BE SUBMITTED WITH THE APPLICATION

The following documents should be attached to this application: -

1. Documentary evidence in respect of the earned income of **every member** of the family which include:
2. Photocopies of **latest** Salaries Tax demand note from Inland Revenue Department
3. Photocopies of **latest** salary statement or contract

In addition, for self-employed workers, it will be necessary for them to provide in writing details of income earned with supporting evidence during the relevant period, which include:

1. Photocopies of **latest** Profit Tax demand note from Inland Revenue Department
2. Photocopies of Audited Profit and Loss account and Balance Sheet
3. Photocopies of **last three months’** bank statements / passbook records in respect of all current / savings / fixed deposit accounts held by yourself and family members. The photocopy of the first page of each passbook showing the name(s) of the account holder(s) should be included.
4. Photocopies of rental agreement, receipt for rent received (including sub-letting) or rent paid, rates or mortgage repayment of the property / properties or dwelling place.
5. A social welfare or medical certificate in respect of the Medical Cost Section.

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| --- | --- | --- |
| Notes: | *(i)* | *Applicants should be the parents or the legal guardian of the student(s).* |
|  | *(ii)* | *Applicants are required to complete in full all the details requested in the application form. Otherwise, the application may not be considered.* |
|  | *(iii)* | *Failure to produce documentation without good reason may lead to rejection of application.* |
|  | *(iv)* | *Applications and documents submitted are not returnable.* |
|  | *(v)* | *The information provided will be used for the purpose of processing your application for Financial Assistance Scheme.*  |
|  | *(vi)* | *After the application has been processed, the data will be retained for future administration. The data held by us will be kept* ***confidential*** *and is only accessible to the School Fees Department.* |
|  | *(vii)* | *You have the right to obtain access to and to request correction of any personal information on you held by the ESF. Requests for such access should be in writing and made to the Manager, Billing Section.* |
|  | *(viii)*  | ***In normal circumstances, applications should be submitted at the beginning of the school year or during the school year but no later than 30 April 2017****.**Page 2 of 7* |

**MEANS TEST**

Means test will be applied only if the applicant satisfies the eligibility criteria as set out in the financial assistance scheme.

Modified Adjusted Family Income (MAFI) mechanism will be used to assess the eligibility of a family for student financial assistance and its assistance level. Adjusted Family Income (AFI) is the mechanism being used by Student Financial Assistance Agency (SFAA) for the calculation of student financial assistance and it is regarded as a reference in this policy. Deductible expenses are factored into the AFI to calculate MAFI.

 Gross annual income of the family – Deductible expenses

MAFI = ------------------------------------------------------------------------------------

 Number of family members + 1

1. Gross annual income of all family members includes salaries, double pay, leave pay, allowance, bonus, commission, tips, wages in lieu of notice of dismissal, profits from business / investment, alimony, contribution to the family from third parties, interest from fixed deposit, dividends from stocks and shares, rental income, monthly pension, widow’s and children’s compensation.
2. The number of family members normally refers to the applicant, his/her spouse, unmarried child / children residing with the family and the dependent parent(s) who are supported by the applicant.
3. For single-parent families of 2 to 3 members, the “plus 1 factor” in the denominator of MAFI formula will be increased to 2.

Deductible expenses include:

1. rental expense for the principal residence of the family capped at HK$20,000 per month;
2. home mortgage repayment for principal residence capped at HK$30,000 per month;
3. tuition fees for family members studying in ESF schools only;
4. family allowance as follows:-
	* 1 dependent child HK$16,000
	* 2 dependent children HK$32,000
	* 3 dependent children HK$48,000
	* 4 dependent children HK$64,000
	* 5 dependent children and above HK$80,000
5. medical expenses for any member of the family, who is permanently incapacitated or chronically sick, may be considered as a deductible expense at ESF’s discretion.

Asset Test

1. As a general principle, assets held by the applicant in a family of two over HK$500k will result in rejection of the application, irrespective of the income levels, unless exceptional circumstances can be shown. Assets include all readily realizable assets such as cash, bank deposits, properties (exclude principal residence), cash value of insurance policy, investment in equities and bonds regardless in Hong Kong or in overseas.
2. Asset limit for a family steps up by HK$250k for each additional member and reaches its cap at HK$1,250k.

**Level of Financial Assistance**

|  |  |
| --- | --- |
| MAFI | Maximum level of Financial Assistance(ESF reserves the right to the final decision on the level of Financial Assistance %) |
| From | To |  |
| 0 | 18,000 | 100% |
| 18,001 | 31,000 | 80% |
| 31,001 | 43,000 | 60% |
| 43,001 | 55,000 | 40% |
| 55,001 | or above | 0% |

 *Page 3 of 7*

### new_strap_line

### new_logo_blackAPPLICATION FOR 2016/ 2017

#### FINANCIAL ASSISTANCE SCHEME

### PLEASE READ THESE NOTES CAREFULLY BEFORE COMPLETING THE FORM.

1. Only one form is required per family.
2. Completed forms, with all supporting documents, should be returned to:

The English Schools Foundation, 25/F 1063 King’s Road, Quarry Bay, Hong Kong via registered mail.

1. The information supplied by the applicant in his/her application will form the basis of determining the appropriate level of financial assistance (if any) to be awarded. **It should be noted that it is an offence to obtain property/pecuniary advantage by deception**. Any person who does so commits an offence and is liable on conviction to imprisonment for 10 years under the Theft Ordinance, Chapter 210.
2. Applicant and his/her family members are requested to co-operate with ESF staff in the course of the authentication. Intentional obstruction to our staff or concealment of information may lead to full recovery of financial assistance already granted and / or rejection of future applications.
3. The Applicant is responsible for duly contacting the ESF School Fees Section should his/her family circumstances change such that financial assistance may be affected.

**PERSONAL DATA**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |
|  | Name of Applicant: |  |  |  | Applicant Occupation: |  |  |
|  | Residential Address: |  |  |  | Employer & Address: |  |  |
|  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |
|  | Marital Status: |  |  |  | Office Telephone: |  |  |
|  | Home Tel: |  |  |  | Spouse Name: |  |  |
|  | Mobile/Pager: |  |  |  | Spouse Occupation: |  |  |
|  | Passport/HKID No: |  |  |  | Passport/HKID No: |  |  |
|  | If passport, issued by: |  |  |  | If passport issued by:  |  |  |
|  | Place of Issue: |  |  |  | Place of Issue: |  |  |

**Particulars of children attending ESF schools**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Child | Date of Birth | School | Form | ESF Number |
|  |  |  |  |  |
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**Particulars of OTHER children below age 18.**

|  |  |  |
| --- | --- | --- |
| Name of Child | Date of Birth | School Attended |
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Has a Financial Assistance Scheme been granted in a previous year? YES / NO

*Page 4 of 7*

**STATEMENT OF INCOME APPLICANT SPOUSE**

**A. Income not liable to Hong Kong tax**

 (Attach schedule, detailing sources) HK$ HK$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Income liable to Hong Kong Profit tax**

(Attach tax assessment and accounts) HK$ HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Income liable to Hong Kong Salaries Tax**

Gross salary for the year 2015/2016 HK$ HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Current salary: \_\_\_\_\_ p.m.) (Current Salary:\_\_\_\_\_p.m.)

 Commissions / Bonus for the year 2015/2016 HK$ HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Gratuities/Tips HK$ HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Education allowance HK$ HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Housing allowance HK$ HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Travelling allowance HK$ HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Pension HK$ HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Remittance and Contribution from Family or

 Other Organization HK$ HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Rent Received Locally or from Other Countries HK$ HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Other Income (please specify) HK$ HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Housing**

 RENT paid by EMPLOYER HK$ HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 RENT paid by APPLICANT HK$ HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MORTGAGE paid by APPLICANT HK$ HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FULLY owned by APPLICANT HK$ HK$ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYERS’ CERTIFICATE**

I hereby confirm that the person named above is

employed by me / us and that the gross income and Name/Title of the Name/Title of the

allowances for the year have been fully and authorized signature authorized signature

correctly disclosed.

 (Co. name & chop) (Co. name & chop)

**APPLICANTS’ DECLARATION**

I declare that the particulars given and the income

declaration are complete, true, and correct in (Name in CAPITALS) (Name in CAPITALS)

every detail.

 (Signature) (Signature)

**ASSETS & LIABILITIES**

*Page 5 of 7*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Capital Item | Detailed Description | Estimated Value | Self-occupied /Rent-out / Vacant | Annual DerivedIncome |
| Land and Properties | (Location and size) |  |  |  |
| (including House /Flat / Land / Car |  |  |  |  |  |  |  |  |  |  |  |  |
| Park etc.) |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Stocks and Shares | (Name and quantity) |  |  |  |
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| Vehicle  |  |  |  |  |  |  |  |  |  |  |  |  |
| (e.g. private car,taxi, etc.) |  |  |  |  |  |  |  |  |  |  |  |  |
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| Miscellaneous |  |  |  |  |  |  |  |  |  |  |  |  |
| (including Cash on Hand, Paper Gold, |  |  |  |  |  |  |  |  |  |  |  |  |
| Loan to others, etc.) |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
| Bank / Finance Co. | (Name of Bank / Financial Co.) |  |  |  |
| Deposits(including Local & |  |  |  |  |  |  |  |  |  |  |  |  |
| Foreign currencySavings, Current & |  |  |  |  |  |  |  |  |  |  |  |  |
| Time deposits,Trust funds, Credit Cards, etc.) |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |
| Liabilities |   (Name of creditor and nature) | AmountOutstanding |  | AnnualRepayment |
| (including Loans,Overdraft and |  |  |  |  |  |  |  |  |  |  |  |  |
| Mortgages, CreditCards, etc.) |  |  |  |  |  |  |  |  |  |  |  |  |
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**Note: Please do not make omissions. Use a separate sheet if necessary.
Incomplete information on the application form will delay assessment for fee assistance.**

**MEDICAL COST**

*Page 6 of 7*

|  |  |  |
| --- | --- | --- |
| **Certificate Issued by** | **Name of Incapacity or Chronic Sickness** | **Annual Cost** |
|  |  |  |
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**ADDITIONAL INFORMATION BY APPLICANT \***

*(Please give full details of change in circumstances and provide the supporting evidence.)*

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**\* Use a separate sheet if necessary.**

**PERSONAL INFORMATION COLLECTION STATEMENT**

The information submitted on this form is being collected in accordance with the ESF Personal Data Handling Policy and its related Personal Information Collection Statements (“PICS”). A copy of the PICS can be found on the ESF web site (<http://www.esf.edu.hk/>) by clicking on the “About ESF” tab.

**DECLARATION BY APPLICANT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,(full name in block letters) have read and fully understood the information requested in the Guidance Notes on the Financial Assistance Scheme. I declare that the information provided by me in this application form is complete and true to the best of my knowledge. Should there be a change in family circumstances, I will immediately inform the ESF of such change in writing.

I understand that if I, my family members have any direct or indirect interest with ESF or being an employee of ESF, I shall make a declaration in this application.

Date: Signature of Applicant(s):

*Page 7 of 7*