



PARENT-TEACHER ASSOCIATION WAH YAN COLLEGE HONG KONG

281 QUEEN'S ROAD EAST, HONG KONG

香港華仁書院家長教師會

香港皇后大道東281號

PHONE: (852) 2572-2251

FAX: (852) 2572-9370

EMAIL: pta@wahyan.edu.hk

Brotherhood Supporting Fund

Application Form

(_____ - _____)

Objectives

1. The aim of this activity fund is to subsidize needy students to participate in various ECA activities or doing school projects.
2. As the fund is contributed by Wahyanites themselves, it is hoped that successful applicants will make good use of the subsidy to participate in learning activities and later on recontribute their knowledge and talents to their alma mater and the community at large.

Eligibility

Applicants must fulfill the following criteria:-

1. Conduct grade must be C (good) or above in the academic term prior to application, or have obtained teacher recommendation .
2. The application must be endorsed by at least one teacher who is in charge of the activity / project.

Section I

Name of applicant: _____ ()

Class: _____

Subject / Club: _____

Project / Activity:

Group project

Visit (please specify) _____

Others (please specify) _____

Brief description of the project / activity: _____

Budget (please specify):

| Items | estimated expenses |
|--------|--------------------|
| | |
| | |
| Total: | |

Please put a in the appropriate boxes:

I have applied for the Financial Assistance Schemes for Secondary Students

Full Grant

Half Grant

I have not applied for any Government Financial Assistance

(the PTA will request applicant to declare his family's **financial status**)

Payment to successful applicants will be made in cheque payable to _____ (please write down the name)

Name of parent: _____

Signature of parent: _____

Signature of applicant: _____

Date : _____



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To be completed by teacher-in-charge

Section II

I am the teacher-in-charge of the project / activity mentioned above. I endorse the application.

Name of teacher: _____

Signature of teacher: _____

Date: _____

Please give this application form to Mrs Shirley Wong / Ms Emily Chan/Mr Marcus Chan

For Official Use Only

Brotherhood Supporting Fund

Application Result

(_____ - _____)

Applicant:

Name: _____ ()

Class: _____

Subject / Club: _____

Project / Activity:

Group project

Visit (please specify) _____

Others (please specify) _____

Application Result:

successful, amount \$ _____

rejected

Person- in- charge

Name: _____ (Position _____)

Signature: _____

Date: _____