

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

香港華仁書院 兄弟互助基金申請表格

(______)

宗旨:

- 1. 本基金旨在協助有經濟困難,又**樂意和積極投入學習活動的學生**,資助他們出外參觀、 參加課外活動、做小組報告等活動的部份費用。
- 2. 本基金經費來自本校同學的捐贈,本會熱切期望獲得資助的同學在有能力時願意回饋社會,協助有需要的人,**延續這份關愛。**

申請條件:

第一部份

- 1. 學生操行應在C級 (Good) 或以上,或經由老師推薦
- 2. 申請必須由負責活動之老師確認

申請人資料				
姓名:	()	班	別:	
科目 / 主辦單位:				
活動 / 作業性質:				
	□參觀 (請註明	詳情)		
	□其他 (請註明	詳情)		
活動簡介:				
預算費用(請詳細列明,				
項	[目	預算	拿費用	
□本人申請了學生資助領	辦事處之資助,得「	□全額津貼 □半額	頁津貼	
□本人沒有申請任何資品	助 (為方便審批,申	請人須另外填寫經	濟證明)	
如申請獲批准,本會將	以支票發出撥款,請	詩註明抬頭者姓名:		
家長姓名:		家長簽名:		
申請人簽名:				請轉後頁



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本部份由負責活動的老師填寫

第二部份

本人負責是項活動,並推薦上述學	生申請上列活動資助。
老師姓名:	老師簽名:
日期:	
	=======================================
	香港華仁書院 兄弟互助基金審批結果
申請人資料	()
姓名:()	班別:
科目 / 主辦單位:	
	且報告 引 (請註明詳情) 引 (請註明詳情)
批核建議	
□ 批准 是項申請,批核總額為 □ 否決 是項申請	\$
批核者	
姓名:(職位)
簽署:	
日期・	



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Brotherhood Supporting Fund Application Form

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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 l	be endorsed by at least one to	eacher who is in charge of	the activity / project.
Section I			
Name of applicant:	()		Class:
Subject / Club:			
Project / Activity:			
	☐ Visit (please specify	·)	
	☐Others (please speci	fy)	
Brief description of the p	project / activity:		
D 1 4 / 1 'C \			
Budget (please specify):		· 1	
1	tems	estimated expenses	
	TD (1		
	Totar:		
Please put a 🗹 in the a	ppropriate boxes:		
□T1	. T		4
☐ Full Grant	e Financial Assistance Scho	emes for Secondary Stud	ents
I un Orunt	I Han Orant		
	r any Government Finacia applicant to declare his fam		
Payment to successful apdown the name)	oplicants will be made in che	eque payable to	(please write
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-charg	ge of the project / activit	ty mentioned	l above. I endorse th	e application.
Name of teacher:		Signa	nture of teacher:	
Date:				
Please give this applica	tion form to Mrs Shir	ley Wong / I	Ms Emily Chan/Mr N	Iarcus Chan
	For (Official Use		
	Brotherho	ood Support	ting Fund	
		plication Re		
Applicant:	(-)	
Name:	()		Class:	
Subject / Club:				
Project / Activity:	☐Group project			
	☐ Visit (please specify)			
	\Box Others (please s	specify)		
Application Result:				
□ successful, amount	\$			
□ rejected				
Person- in- charge				
Name:	(Position)	
Signature:				
Date:				