



# WAH YAN COLLEGE HONG KONG PARENT-TEACHER ASSOCIATION LIMITED

281 QUEEN'S ROAD EAST, HONG KONG

香港華仁書院家長教師會有限公司

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: \_\_\_\_\_