

SALEM-Immanuel Lutheran College
School-based After-school Learning and Support Programmes
Application Form for LWL Activities, Overseas Learning Activities and Social Services Form A2
(Phase I / Phase II)

This is to apply for the After-school Learning and Support Grant Programmes, the information of the activity that my child participated in and the status of my family are as follows :

Name of the student : _____ (Class : _____ Class No.: _____)

Name of the LWL activities, overseas learning activities and social services	1. _____	2. _____	3. _____
Date of the activity	From / / 201 to / / 201	From / / 201 to / / 201	From / / 201 to / / 201
Fee paid for the above activity	\$ _____	\$ _____	\$ _____
Name of the teacher responsible of the above activity <small>(This entry is not required for those who join LWL activities or overseas learning activities.)</small>	_____	_____	_____
Signature of the teacher responsible of the above activity <small>(This entry is not required for those who join LWL activities or overseas learning activities.)</small>	_____	_____	_____

The financial status of the applicant's family is as follows: (Please give a ✓ in the appropriate box.)

- I am now receiving "Comprehensive Social Security Assistance" (CSSA).
- My son/daughter is receiving full grant under School Textbook Assistance Scheme (STAS-Full).
- My son/daughter is receiving half grant under School Textbook Assistance Scheme (STAS- Half).
- Not in the above categories, but my family is in financial difficulties. The situation is:
*(*to be recommended by class teacher)*

Reasons: _____

_____ (Signature of class teacher: _____)

The setting up of the School-based After-school Learning and Support Grant Programmes is to support those needy students who are receiving "Comprehensive Social Security Assistance" (CSSA) or in financial difficulties, in order to make sure that they can participate in after-school learning or support activities organized or arranged by school.
(The school will keep the information confidential to ensure personal privacy.)

Name of the parent: _____ Signature of the parent: _____

Mobile of the parent: _____ Date of application: _____

Enquiries can be made to Ms. Yu Suk Yin.

Completed form should be returned to school office on or before the date as below.

S.6 students: 6.1.2017

S.1-S.5 students:

*Phase I (non-summer period) - Activities held from 1.9.2016 - 31.5.2017: submit the form from **24.4.2017- 31.5.2017**

Phase II (summer period) - Activities held from 1.6.2017 - 31.8.2017: submit the form from **4.9.2017-8.9.2017**

To be filled in by school				
Subsidy obtained for the above activities	1. \$ _____	2. \$ _____	3. \$ _____	Total: \$ _____
<input type="checkbox"/> Application is not approved. <input type="checkbox"/> Application is approved.		Name of the assessor: _____	Signature of the assessor: _____	
The total amount of subsidy: \$ _____				