

**SALEM-Immanuel Lutheran College**  
**School-based After-school Learning and Support Programmes**  
**Application Form for Subject-based Learning Activity**

Form A1

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.: \_\_\_\_\_ )

<b>Name of the subject-based learning activity</b>	1. _____	2. _____
<b>Date of the subject-based learning activity</b>	From _____ / _____ / 201____ to _____ / _____ / 201____	From _____ / _____ / 201____ to _____ / _____ / 201____
<b>Fee paid for the above activity</b>	\$ _____	\$ _____
<b>Name of the teacher responsible of the above activity</b>	_____	_____
<b>Signature of teacher responsible of the above activity</b>	_____	_____
<b>Reflection on the subject-based learning activity</b> (effectiveness and benefits of joining the activities)	_____	

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: \_\_\_\_\_

*Completed form should be returned to school office on or before 12.1.2018 (S.6) or on or 11.7.2018 (S.1-S.5). Enquiries can be made to Ms. Ho Hang Sim.*

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