

Official Use Only

Applicant Number:
(CSCF:20__ - __)

Received (Internal Use Only)

By _____ Date _____

S.H. Ho College
College Students Cooperative Fund Application Form
善衡書院
書院學生互助基金申請表



Notes to Group:

申請團體須知:

- Please read the notes for application about College Students Cooperative Fund Application Form before filling in the application form.
- 在填寫申請表前，請先細閱善衡書院書院學生互助基金申請表《申請須知》。
- Please submit the completed form and the activity proposal with budget plan to Dean of Students' Office of S.H. Ho College. 請將填妥的申請表連同活動建議書和財政預算一併交回善衡書院學生輔導處。
- This application form should be completed in **BLOCK LETTERS**. 請以**正楷**填寫此表格。
- The information provided will be used for selection-related purposes in the college. It may be accessible to offices, committees and persons who will process the selection matters. Information on unsuccessful applicants will be destroyed after the selection exercises when no longer required.
- 申請團體所提供的資料將用作處理申請有關事宜，並會供書院有關部門、委員會或其他處理申請的人士查閱。處理程序完成後，未獲錄取的申請團體資料，當無須保留時將全部銷毀。

(A) Data of Group 團體資料

(Please fill in details of group members on the appendix 1) (請於附件(一)填寫團體成員資料)

Name of Activity 活動名稱			
Name of Organization 團體名稱			
Contact Person 聯絡人姓名	(English)	(中文)	
*Sex 性別	Male 男 / Female 女	Student I.D. No.學號	
HKID 香港身份證/ Passport No.護照號碼		Date of Birth (DD/MM/YY) 出生日期 (日/月/年)	
Faculty 學院		Department 學系	
Major 主修		Minor 副修	
Year of Study 年級		Year of Graduation 畢業年份	
Residential Phone No.住 宅電話		Mobile Phone No. 手提電話	
E-mail 電郵			

*Please delete where inappropriate
*刪去不適用者

(B) Details of Activity 活動計劃資料 (Please attach a proposal and a detailed budget plan)(請附加一份活動計劃書及一份詳細的財政預算)		
Name of Activity 活動之名稱		
Nature of Activity 活動之性質		
Date of Activity 活動日期		
Location of Activity 活動進行地點		
Objectives 目的		
Duration 活動進行時間		
Estimated Income 收入預算		
Estimated Budget 支出預算		
Amount of Subsidy 資助總額		
Project Advisor 指導老師 (如適用) (If Necessary)	Name 姓名	Position 職位
	Department 學系	Contact No. 聯絡電話

(C) Declaration 聲明

- ✓ I understand that if I knowingly supply false information, S.H. Ho College shall have the right to rescind subsidy and request returning all the received subsidy to S.H. Ho College.
- ✓ 茲聲明以上提供的資料均屬真確無訛。本人明白倘若故意虛報資料，善衡書院將取消資助。縱使已批發資助金，本人亦須退還。
- ✓ I have read the notes for applicants and the term of applying Student Initiative Fund, and willing to obey rules of the notes.
- ✓ 本人已詳閱善衡書院學生活動基金的《申請須知》，並願意遵從當中的守則。

Applicant's Signature 申請人簽署:

Date 日期:

(D) Endorsement by S.H. Ho College Student Union 善衡書院學生會授權

<p><i>Chop by S.H. Ho College Student Union</i> 善衡書院學生會印章</p>	Date 日期	
	Handled by 批核幹事	
	Remark(s) 備註：	

(E) Details of other Group Members 其他團員之個人資料*(Group members should be students in S.H. Ho College)(團員須為善衡書院之學生)*

Name of Group Event 團體活動名稱		
Name: 姓名:	Department 學系: Year 年級:	Contact Number 聯絡電話
Name: 姓名:	Department 學系: Year 年級:	Contact Number 聯絡電話
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Name: 姓名:	Department 學系: Year 年級:	Contact Number 聯絡電話

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