****

**Student Emergency Fund**

**Important Notes for Application**

Please read carefully before submitting your application.

1. **Objective**

Student Emergency Fund (“the Fund”) aims to provide emergency financial assistance to full-time students pursuing full-time programmes offered by the School of Continuing Education (SCE) with genuine financial hardship. The Fund is intended to be a one-time funding for students who have exhausted all other resources to meet the immediate and essential expenses arising from a recent unforeseen circumstance, such as sudden death, unemployment, work injuries, serious illness or bankruptcy of family member(s) who is/are the major support of students’ education expenses.

The Fund is not a substitute for financial aids and does **NOT** cover routine expenses and education expenses including but not limited to tuition, student fees, study abroad costs and other expenses alike, as these expenses are typically addressed by other financial aids. Students should seek financial assistance from the Student Finance Office of the HKSAR Government for such expenses as appropriate.

1. **Eligibility**

Applicants should:

1. be current students of SCE pursuing full-time studies leading to HKBU or SCE award; and
2. have proven financial needs associated to a recent unforeseen circumstance, such as sudden death, unemployment, work injuries, serious illness or bankruptcy of family member(s) who is/are the major support of students’ education expenses, etc; and
3. have satisfactory academic performance in the past year (if applicable).
4. **Level of Assistance**

Successful applicants will be offered a grant up to HK$5,000.

1. **Application Procedure**
2. Please submit the application form together with the following supporting documents:
   1. Copies of bank statements of all family members for the past three months;
   2. Copies of monthly income proofs of all working family members for the past three months; and
   3. Any relevant documents supporting your application.
3. The completed application form and supporting documents should be submitted in person to either of the following:
   1. Programme Administration Team on 2/F, Franki Centre, Kowloon Tong Campus; or
   2. CIE Academic Registry Services Section on 2/F, Franki Centre, Kowloon Tong Campus or 13/F, Shek Mun Campus.

3. Applicants may be invited to an interview.

4. Undocumented applications with incomplete information will not be considered.

5. The submitted application form and supporting documents are not returnable.

****

**Application for Student Emergency Fund**

1. **Personal Particulars**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name: (English) |  | | | | | | | (Chinese) | |  | |
|  |  |  | |  |  | | |  | |  |  |
| Programme Enrolled: |  | | | | | | | | | | |
|  |  |  | |  |  | | |  | |  |  |
| Study Year: |  | | | | | | Student No.: | |  | | | |
|  |  | |  | | | |  | |  | | | |
| HKBU Email: |  | | | | | | Daytime Contact No.: | |  | | | |
|  |  | | | | |  | |  |  | | | |
|  |  | | | | |  | |  |  | | | |

1. **Family Financial Situation**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Name** | **Relationship** | **Age** | **Occupation** | **Latest Monthly Income (HK$)** |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |

My family is in receipt of the Comprehensive Social Security Assistance (CSSA).

🞏 Yes 🞏 No

I am in receipt of government financial assistance:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 🞏 Grant: HK$ |  |  | 🞏 Loan: HK$ |  |

1. **Reason(s) for Application**

|  |
| --- |
| *Please explain your financial difficulties in coping with the immediate and essential expenses arising from a recent unforeseen circumstance. Use separate sheet(s) if space is not enough.* |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

1. **Declaration**

I hereby declare that the information provided in this application is accurate and complete to the best of my knowledge. I understand that any misrepresentation will lead to disqualification from the Student Emergency Fund.

I agree to the handling of my information and personal data collected in this application as follows:

* + My provision of all the personal data collected in this form is obligatory and failure to provide these data and the required documents (if any) may affect the processing and outcome of this application;
  + The personal data and information collected in this form will be used by the School for activities relating to handling and assessment of this application;
  + The personal data and information provided will be kept by the School within the year upon my graduation/departure from the School.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |

**\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\***

**FOR OFFICE USE ONLY**

Remarks:

|  |
| --- |
|  |

Application is 🞏 recommended 🞏 not recommended

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Endorsed by: |  | | | Date: |  |
|  | Chairperson of Student Affairs Central Committee,  School of Continuing Education | | |  |  |
|  |  |  |  |  |  |
|  |  | | |  |  |
| Approved by: |  | | | Date: |  |
|  | Dean, School of Continuing Education | | |  |  |