

## **LI KWAN HUNG EDUCATION FUND**

### **The Donor**

The Late Mr. Li Kwan Hung, MBE, JP was one of the founders of the Hong Kong PHAB Association (the Association) and was its chairman since the inception of the Association in 1972 until his retirement in 1982. The fund was first set up in 1982 with an initial donation of \$100,000 by Mr. Li. After Mr. Li's death in 1993, the Li family contributed another \$182,614.01 towards the Fund.

### **Purpose**

The Fund is intended to assist students with disabilities studying with their able-bodied counterparts in local educational institutes at various levels.

### **Criteria of Application**

Applicant should meet all the following criteria:

1. Hong Kong permanent residents;
2. students with physical disabilities, mental disabilities (including autism / attention deficit and hyperactivity disorder / dyslexic), chronic illness, visual impairment or hearing impairment;
3. full-time students studying with their able-bodied counterparts in local educational, technical or vocational training institutes at primary, secondary, post-secondary, university or post-graduate level;
- (d) in need of financial assistance for educational purposes.

### **Priority**

Priorities will be given to meet special needs which are not covered by other bursaries or funds, and/or to those with good academic achievement.

### **Method of Application**

1. Invitation for application will be announced in August each year.
2. Application forms are available at schools, tertiary institutes and concerned organizations; or can be downloaded from the Association's website.
3. Each application form should be duly completed and recommended by a responsible officer of the educational/welfare organization or a government department, e.g. school principal, social worker, dean of students, etc.
4. All applications must reach the Executive Director of the Hong Kong PHAB

Association at Unit 1402, The Hong Kong Federation of Youth Groups Building, 21 Pak Fuk Road, North Point, Hong Kong not later than mid-October of each calendar year. Late applications will not be considered.

### **Selection Procedure**

All applications will be screened by the Finance Committee of the Association. Suitable applicants may be invited to attend an interview in order to judge the nature of their disability and financial needs. The result of the selection is expected to be announced before the end of November. The decision of the Committee shall be final. In no circumstances will the Committee be required to explain why any application has not been successful.

### **Enquiries**

For enquiries, please telephone the Association's Headquarters at 2551 4161.

Revised on 1.1.2018

## 李鈞洪教育基金申請表

### 個人資料收集聲明

你所提供的資料將用作本基金審核你的申請。若你未能提供足夠個人資料，本基金將不能處理你的申請。請確保你所提供之資料為準確。除個人資料（私隱）條例所訂明的豁免或由於資料在保留期間後已被刪除外，你有權查閱和改正你的個人資料。查閱和改正個人資料的要求應以書面向香港傷健協會行政事務經理（地址：香港北角百福道 21 號香港青年協會大廈 1402 室）提出。

### 甲部：申請人資料

姓名（中文）		（英文）		性別
出生地點	出生日期	居港年數		
住址				聯絡電話
傷殘狀況				
申請人是否本會屬下傷健中心會員？ <input type="checkbox"/> 是（所屬傷健中心_____ 會員年資_____年____月） <input type="checkbox"/> 否				

### 乙部：家庭狀況 -- 請將全部同住之家庭成員之資料據實填報（包括申請人）

姓名	與申請人關係	年齡	已婚／ 未婚	職業／就讀 學校及班級	去年四月至本年三月之總收入（港幣）			
					薪金	綜援	傷殘津貼	其他*
	申請人							

\* 其他收入包括由非同住之家庭成員或親友給予之資助

居所類型	<input type="checkbox"/> 宿舍 <input type="checkbox"/> 公屋 <input type="checkbox"/> 居屋 <input type="checkbox"/> 私人樓宇
	<input type="checkbox"/> 自置（每月供款：\$ _____） <input type="checkbox"/> 租住（每月租金：\$ _____）

### 丙部：擬／現就讀課程

學校名稱
學校地址
就讀課程名稱及級別
申請人是否已被接納入學？ <input type="checkbox"/> 是 <input type="checkbox"/> 否

### 丁部：財政預算

1. 申請人擬／現就讀之課程所需之支出（以全年計算）

學費	\$
書簿費	\$
特殊學習器材（請列明名稱及用途）	
i. _____	\$
ii. _____	\$
iii. _____	\$
交通	\$
其他（請註明：_____）	\$
<b>總支出</b>	<b>\$</b>

2. 申請人於本學年有否向其他基金或機構申請資助／貸款？  無  有（請列明）

基金／機構名稱	申請資助／貸款金額	申請進展情況／獲資助或貸款金額

3. 擬向本基金申請資助金額：\$\_\_\_\_\_（在一般情況下，撥款將不超過港幣伍仟元正）

### 戊部：聲明

本人茲聲明以上資料確實無誤，如有填寫任何虛假資料，會方有權撤銷本人之申請。

申請人簽署：\_\_\_\_\_ 日期：\_\_\_\_\_

備註：申請表須由推薦機構直接寄交本會，並附上以下之證明文件副本：

1. 申請人之香港身份證副本
2. 康復服務中央檔案室發出的殘疾人士登記證副本
3. 所有家庭成員之收入證明（如稅單）
4. 居所之供款／租金證明文件
5. 申請人上學年之成績表／公開考試成績單
6. 申請人之入學／學校取錄證明文件
7. 學費證明

## 由推薦機構填寫

由推薦機構（如申請人就讀之學校或福利機構）填寫，並請推薦機構直接寄交香港北角百福道 21 號香港青年協會大廈 1402 室香港傷健協會總幹事收。結果將專函通知申請人。

申請人之財政需要

課程對申請人之適合性

申請人就讀該課程之成績或特別表現

其他

推薦人簽署：\_\_\_\_\_ 職位：\_\_\_\_\_

推薦人姓名：\_\_\_\_\_ 機構名稱：\_\_\_\_\_

機構地址：\_\_\_\_\_

聯絡電話：\_\_\_\_\_ 日期：\_\_\_\_\_

## 由香港傷健協會填寫

資助金額

評語