

Student Affairs Office

Scheme for Non-means-tested Subsidy on Exchange to “Belt and Road” Regions for Post-Secondary Students (Non-means-tested SSEBR)

Application Form

**Section A: Personal Particulars**

Name in English: \_\_\_\_\_ Name in Chinese: \_\_\_\_\_  
 (as shown on your HKID card) (as shown on your HKID card)

HKID No.: \_\_\_\_\_ Student No.: \_\_\_\_\_

Programme of Study: \_\_\_\_\_ (Major: \_\_\_\_\_) Year of Study: \_\_\_\_\_

Telephone No.: (Mobile) \_\_\_\_\_ TWC Email Address: \_\_\_\_\_

Cumulative GPA\* \_\_\_\_\_

\*Please provide copies of transcripts/supporting documents for verification.

**Section B: Outbound Exchange Programme**

Name of the Exchange Programme: \_\_\_\_\_

credit-bearing     award-bearing

Name of the Organiser: \_\_\_\_\_

Duration: From \_\_\_\_\_ to \_\_\_\_\_

Destination: \_\_\_\_\_

Nature:  Study Trip     Language Immersion Programme  
 Others, please specify: \_\_\_\_\_

Objectives: \_\_\_\_\_

Content: \_\_\_\_\_

Benefit to the Participant: \_\_\_\_\_

Estimated Expenses per Participant: **HK\$:**  
 (e.g. tuition fees, transportation, accommodation and other incidental expenses)

Amount of Subsidy applied: \_\_\_\_\_

In receipt of subsidy from other Scholarships/Sponsorships/Subsidy Scheme*:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Received or to be Received Date: _____	Amount (\$) _____
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Please “√” as appropriate  
 \*Please provide the copies of related documentary proof for verification.

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**Section C: Declaration and Consent**

1. I declare that the information provided above is true and accurate. I understand that any inaccurate information will render this application invalid. Any Subsidy approved will be withheld and any payment made must be refunded to the College.
2. I declare that I have not received any subsidy under the Scheme for Non-means-tested Subsidy on Exchange to “Belt and Road” Regions for Post-Secondary Students (the Subsidy Scheme) during my studies at TWC or my previous studies in programme(s) at same level in Hong Kong.
3. Upon successful application, I undertake to submit an **evaluation report** to TWC on the activities participated and the learning experiences and benefits acquired **within ONE month** upon completion of the programme. The evaluation report would be endorsed by Programme Leader/ authorised person of the institution and used by Education Bureau for publicity and sharing purposes.
4. I agree that my personal data provided in this application form will be used by TWC and related government bureaux/ departments to assess my eligibility for the Subsidy Scheme and for other related purposes. I also agree that the information provided in this form and subsequent submissions may be publicised by TWC and related government bureaux/ departments if necessary.
5. Under the Personal Data (Privacy) Ordinance, I understand that I have a right to request access to, and to request correction of, my personal data in relation to my application.

Signature of Applicant:

\_\_\_\_\_

Date:

\_\_\_\_\_

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**Section D: Recommendation (For Official Use Only)**

**Approval by Officer-in-Charge**

- Recommended
- Not recommended

Reasons: \_\_\_\_\_

Approved Amount \$ \_\_\_\_\_

Date: \_\_\_\_\_

**Signature by a responsible staff of SAO**

Signature: \_\_\_\_\_ Post: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Section E: Endorsement by Head of Student Affairs**

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Endorse | <input type="checkbox"/> Not Endorse |
|----------------------------------|--------------------------------------|

Comments: \_\_\_\_\_

**Signature by Head of Student Affairs**

Signature: \_\_\_\_\_ Post: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Section F: Approval by Vice President (Administration & Development)**

- |                                  |                                      |
|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Approve | <input type="checkbox"/> Not Approve |
|----------------------------------|--------------------------------------|

Comments: \_\_\_\_\_

**Signature by Vice President (Administration & Development) or Delegate**

Signature \_\_\_\_\_ Post: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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**Checklist on document copy to be submitted with the completed form:**

- Programme information (e.g. poster, promotional email, itinerary etc);
- Applicant’s H.K.I.D. card;
- Applicant’s student I.D. card; and
- Applicant’s academic transcripts/ public examination results/ supporting documents.