

To : Hong Kong Schools Sports Federation
 Room 203, 1/F 7 Carmel Village Street, Homantin, Kowloon
 Tel 2711 7691
 Fax 2761 9808
 Email athletesupport@hkssf.org.hk

Application	
Number	: _____
Date of	_____
Receipt	: _____

Annex I

**Application for a Grant under the
 Student Athlete Support Scheme
 (2016/17 School Year)**

Please submit this form on or before 23 September 2016

School Information

Name of School : (Chi) _____
 (Eng) _____

School Address : _____

School Code :

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 (6 digits)

School Type : Primary / Secondary *
 : Government / Aided / Caput / DSS / ESF / International / Private *

School Telephone : _____ Fax No. : _____

No. of Students : _____ No. of Classes : _____

Contact Person : _____ Position : _____

Mobile Phone : _____ Email Address : _____

Our school will / will not * participate in HKSSF events in the 2016/17 school year.

Details of events subvented by the Scheme: (Please tick the appropriate box(es))

Events for Primary Schools		Events for Secondary Schools		
<input type="checkbox"/> Athletics	<input type="checkbox"/> Swimming	<input type="checkbox"/> Athletics	<input type="checkbox"/> Rugby	<input type="checkbox"/> Netball
<input type="checkbox"/> Badminton	<input type="checkbox"/> Fencing	<input type="checkbox"/> Basketball	<input type="checkbox"/> Rugby 7s	<input type="checkbox"/> Swimming
<input type="checkbox"/> Basketball	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Badminton	<input type="checkbox"/> Handball	<input type="checkbox"/> Fencing
<input type="checkbox"/> Table-tennis	<input type="checkbox"/> Games	<input type="checkbox"/> Table-tennis	<input type="checkbox"/> Softball	<input type="checkbox"/> Archery
<input type="checkbox"/> Volleyball	<input type="checkbox"/> Squash	<input type="checkbox"/> Football	<input type="checkbox"/> Squash	<input type="checkbox"/> Cross-Country
<input type="checkbox"/> Football	<input type="checkbox"/> Tennis	<input type="checkbox"/> Girls Football	<input type="checkbox"/> Tennis	<input type="checkbox"/> Gymnastics
<input type="checkbox"/> 5-a-side	<input type="checkbox"/> 5-a-side	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Tenpin	<input type="checkbox"/> Life Saving
Football	Handball	<input type="checkbox"/> Beach	Bowling	<input type="checkbox"/> Indoor Rowing
		Volleyball	<input type="checkbox"/> Hockey	

* Delete as appropriate

Grant Sought

Item of Expenditure	Estimated amount of grant required (\$)	Estimated No. of beneficiaries (person-time)
Sports Equipment		
Transport		
School Squad Coaching Fee		
Course fee for LCSD School Sports Programme ¹		
Total		

Note: The information provided above is solely for budgetary purposes. The actual number of students and school teams that will benefit from the Scheme and the total amount of grant payable may eventually differ from the information provided in this form. The total amount of grant required should not exceed \$12,000.

Declaration and Undertaking

- 1 I hereby certify that the school is an HKSSF member school, and that all information contained in this application is true, accurate and complete. I understand that any inaccurate information may render the application invalid.
- 2 I hereby agree that the information provided in this application form may be used to process the application and conduct evaluative studies and statistical analysis.
- 3 I have read and understood the terms and conditions of the Scheme for Student Athlete Support and hereby agree to observe the provisions contained in the aforesaid document should the application for the funding be successful.

Signature of School Principal : _____
Name of School Principal : _____
Date : _____

School chop

¹ Only the related course fees incurred for the Outreach Coaching Programme (school squad training) and Joint School Squad Training Programme for HKSSF sports are eligible.