

Sir Robert Black Trust Fund Committee
Grants for Talented Students in Non-academic Fields (2019-20)
Application for Reimbursement Form

Part A: Student's General Information

Approval no (applicable to those awarded in 2019-20 only): SRB-GTS-1920-_____

Name of student: _____

Name and address of school: _____

Part B: Course Information for reimbursement of Grant

(* should tally with that stated in the result notification letter)

Course Title#: _____

Name of Course Provider#: _____

Address of Course Provider: _____

Contact number of Course Provider : _____

Sponsored Period# : From _____ to _____

Time and venue of the Course: _____

Part C: Breakdown of Course fees (If space is insufficient, please attach additional sheet.)

	Receipt number	Period Cover	Amount on receipt (HK\$)	Amount related to sponsored period (HK\$)*
1.				
2.				
3.				
4.				
5.				
6.				
		Total amount		

*If the period states on the receipt(s) including non-sponsored period, please calculate the amount to be reimbursed on pro-rata basis according to the no. of lessons/dates, and provide the relevant information for verification.

Any scholarships or other sources of finance for the above course fees? Yes No

If yes, please provide details (including name(s) of scholarship/source of finance and amount):

 Name of cheque payee _____ (should either be the student or student's parent/guardian)

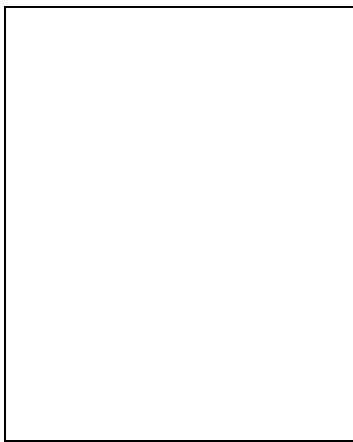
Relationship _____ (if the payee being student's parent/guardian, documentary proof for the relationship between the student and parent/guardian such as copy of the **student's birth certificate, or copy of the student handbook containing such information which is certified true by the school with the school chop, should be provided.**)

Part D: Declaration by the Student

I _____(name of student) declare the following :

- (1) The information stated above is true and correct. The full details with regard to the scholarship(s)/other source(s) of finance for the course fees have been disclosed in Part C without omission.
- (2) I have read the Result Notification Letter and Notes about Personal Data, and fully understand and agree to the content.
- (3) I understand that willfully making a false statement, misrepresentation or concealment of any information in order to obtain the grants will lead to disqualification and restitution in full.

School Chop



Signature of student : _____

Name of the Principal : _____

Signature of the Principal : _____

Date : _____

Notes about Personal Data

1. The personal data collected in the form will be used by the Sir Robert Black Trust Fund Secretariat for the following purposes:
 - (a) matters and activities relating to the vetting of reimbursement under the Sir Robert Black Trust Fund; and
 - (b) communication between the Secretariat and applicants / the applicants' schools / the course providers / other organizations.
2. According to the Personal Data (Privacy) Ordinance (Cap 486), one has the right to access and correct the personal data, including the right to get a copy of the personal data contained in this form.
3. For enquiries on the personal data, including access or correction of information, please contact:

Secretariat for Sir Robert Black Trust Fund Committee
Tel: 3718 6801 or 3718 6830