

Part One: Statement and Agreement

1. Before filling and signing this application form, I/We have read the “Tuition Assistance, Meal Subsidy and School Supplies” Plan (hereinafter referred to as the “Plan”) and the Application Form for Tuition Assistance, Meal Subsidy and School Supplies Subsidy (hereinafter referred to as the “Application Form”).
2. I/We acknowledge that I/we must submit to the Education Fund the “Application Form” which has been appropriately filled in and signed, as well as relevant proof documents.
3. I/We understand that according to the “Personal Data Protection Act”, the data collected in this application will only be used for processing this application, as well as for statistical and research purposes.
4. I/We agree that the Education Fund obtain the information required for assessing the application from other governmental departments and public institutions in Macao, and agree to any governmental department (including but not limited to the Financial Services Bureau, Identification Services Bureau, Social Welfare Bureau and Housing Bureau), public institutions provide the personal data of my/our family members to the Education Fund for review, comparison and verification of data.
5. I/We promise to fulfill the obligations of the “Plan”, and acknowledge that the information submitted and declared to the Education Fund must be true and correct, and there is no concealment of the information that needs to be filled in, nor any misleading or confusing information provided.
6. I/We acknowledge that if I/we violate the obligations stipulated in point 12 of the “Plan”, I/we shall bear the consequences of violating the obligations stipulated in point 13 of the “Plan”.
7. I/We understand the contents of this “Application Form” and agree that each page should be signed by a representative of the family unit for confirmation; if the person is under the age of 18, his/her parent or guardian must sign on his/her behalf.

No.	Name	Identity document no.	Signature (same as on the identity document)
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part Two: List of Documents (This part is filled in by the DSEDJ staff)

Information	Submit this time
Part Three: Personal Information of the Representative and the Other Members of the Applicant Family Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part Four: Income Information of the Applicant Family Unit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Part Five: Assets of the Applicant Family Unit and Other Documents	<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal Data of the Applicant Family Unit—Supplementary Column	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income—Supplementary Column	<input type="checkbox"/> Yes <input type="checkbox"/> No
Assets of the Applicant Family Unit and Other Documents—Supplementary Column	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date:	Staff:
Applicant Family Unit No.:	

Part Three: Personal Information of the Representative and the Other Members of the Applicant Family Unit

I. Information of the Applicant or the Guardian (Representative of the Family Unit--No. 1)									
Chinese name				Name in foreign language					
ID type <small>Note 1</small>	<input type="checkbox"/> Macao Permanent Resident Identity Card <input type="checkbox"/> Macao Non-Permanent Resident Identity Card <input type="checkbox"/> Others (Please specify): _____			ID no.					
				Date of birth		____/____/____ (YYYY / MM / DD)		Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
Mobile phone no.				Email (not mandatory)				No. of members in the family unit	
Are you an applicant student?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Subsidy applied (please tick the appropriate)		<input type="checkbox"/> Tuition Assistance <input type="checkbox"/> Meal Subsidy <input type="checkbox"/> School Supplies Subsidy			
Residential information	Region	<input type="checkbox"/> Macao <input type="checkbox"/> Taipa <input type="checkbox"/> Coloane <input type="checkbox"/> Others (Please specify): _____							
	Address: _____								
Housing type	<input type="checkbox"/> Social housing <input type="checkbox"/> Self-owned property <input type="checkbox"/> Rental property <input type="checkbox"/> Others (Please specify): _____			Rent or mortgage payments in the last calendar year (MOP) <small>Note 2</small>					
II. Information of Bank Account for Receiving the Subsidy (a bank account in Macao patacas opened by any parent, guardian or the student in a bank in the Macau Special Administrative Region)									
Macao bank name				Bank account holder name					
Bank account no.									
III. Information of Other Members in the Family Unit <small>Note 3</small>									
No. 2									
Chinese name				Name in foreign language				Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
ID type <small>Note 1</small>	<input type="checkbox"/> Macao Permanent Resident Identity Card <input type="checkbox"/> Macao Non-Permanent Resident Identity Card <input type="checkbox"/> Others (Please specify): _____			ID no.		Relationship with the representative of the family unit			
				Date of birth		____/____/____ (YYYY / MM / DD)		Are you an applicant student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subsidy applied (please tick the appropriate)		<input type="checkbox"/> Tuition Assistance <input type="checkbox"/> Meal Subsidy <input type="checkbox"/> School Supplies Subsidy		Signature (the same as on the ID)					
No. 3									
Chinese name				Name in foreign language				Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
ID type <small>Note 1</small>	<input type="checkbox"/> Macao Permanent Resident Identity Card <input type="checkbox"/> Macao Non-Permanent Resident Identity Card <input type="checkbox"/> Others (Please specify): _____			ID no.		Relationship with the representative of the family unit			
				Date of birth		____/____/____ (YYYY / MM / DD)		Are you an applicant student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subsidy applied (please tick the appropriate)		<input type="checkbox"/> Tuition Assistance <input type="checkbox"/> Meal Subsidy <input type="checkbox"/> School Supplies Subsidy		Signature (the same as on the ID)					
No. 4									
Chinese name				Name in foreign language				Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
ID type <small>Note 1</small>	<input type="checkbox"/> Macao Permanent Resident Identity Card <input type="checkbox"/> Macao Non-Permanent Resident Identity Card <input type="checkbox"/> Others (Please specify): _____			ID no.		Relationship with the representative of the family unit			
				Date of birth		____/____/____ (YYYY / MM / DD)		Are you an applicant student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subsidy applied (please tick the appropriate)		<input type="checkbox"/> Tuition Assistance <input type="checkbox"/> Meal Subsidy <input type="checkbox"/> School Supplies Subsidy		Signature (the same as on the ID)					

Note 1: Family members holding non-Macao resident identity cards must submit their ID copies.

Note 2: Except for social housing residents, proof of mortgage or rent payment must be submitted.

Note 3: If there are more than 4 members in the family unit, you should fill in the "Personal Data of the Applicant Family Unit—Supplementary Column".

Is your family unit receiving financial assistance from the Social Welfare Bureau?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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*According to the provisions of Article 244 of "Código Penal", once convicted, forgery of documents will lead to imprisonment of up to 3 years or a fine. According to the provisions of Article 250 of "Código Penal", once convicted, using a false certificate will lead to imprisonment of up to 1 year or a fine of up to 120 days.

Signature of the representative of the family unit: _____ Date: _____

(same as on the ID)

(YYYY/MM/DD)

Part Four: Income Information of the Applicant Family Unit ^{Note 1}

IV. Income earned by members of the family unit who age 18 or above in and outside Macao in the last calendar year (required field)					
* Income items are: a) Income acquired from self-employment or employment; b) grants, pensions, retirement benefits; c) income from industrial and commercial activities, real estates, copyrights and financial management.					
Name of the applicant or the guardian (representative of the family unit)		Do you have income (include income from work and income acquired not from work) in the last calendar year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Income items/ Occupation ^{Note 2}	Company name/ source of income	Region	Period (YYYY / MM to YYYY / MM)	Currency	Amount
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____			
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____			
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____			
Subtotal				MOP	
No.:	Name of the family member	Do you have income (include income from work and income acquired not from work) in the last calendar year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Income items/ Occupation ^{Note 2}	Company name/ source of income	Region	Period (YYYY / MM to YYYY / MM)	Currency	Amount
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____			
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____			
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____			
Subtotal				MOP	
No.:	Name of the family member	Do you have income (include income from work and income acquired not from work) in the last calendar year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Income items/ Occupation ^{Note 2}	Company name/ source of income	Region	Period (YYYY / MM to YYYY / MM)	Currency	Amount
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____			
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____			
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____			
Subtotal				MOP	
No.:	Name of the family member	Do you have income (include income from work and income acquired not from work) in the last calendar year?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Income items/ Occupation ^{Note 2}	Company name/ source of income	Region	Period (YYYY / MM to YYYY / MM)	Currency	Amount
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____			
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____			
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____			
Subtotal				MOP	

Note 1: If there are more income items other than those in the above table, or there are more members in the family unit, you should fill in the “Income—Supplementary Column”.

Note 2: Proof of income must be submitted, such as the declarations of income ([Employed] [Self-employed] [Business operator]), the payment records of social security benefits, etc.

*According to the provisions of Article 244 of “Código Penal”, once convicted, forgery of documents will lead to imprisonment of up to 3 years or a fine. According to the provisions of Article 250 of “Código Penal”, once convicted, using a false certificate will lead to imprisonment of up to 1 year or a fine of up to 120 days.

Signature of the representative of the family unit: _____ Date: _____

(same as on the ID)

(YYYY/MM/DD)

Part Five: Assets of the Applicant Family Unit and Other Documents

V. Total bank deposit of the applicant family unit ^{Note 1} (Including but not limited to current savings, time deposits, stocks, bonds, commercial products, securities, funds, insurance plans with savings or investment components held within and outside Macao)				<input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable
No.	Item ^{Note 2}	Credit, Financial Institutions	Currency	Amount
1				
2				
3				
4				
5				
6				
7				
8				
Subtotal			MOP	

Note 1: If the family unit has more asset items, please fill in “Assets of the Applicant Family Unit and Other Documents—Supplementary Column”.

Note 2: All items declared must have supporting documents such as asset certification documents issued by credit or financial institutions, documents showing personal total bank net worth, etc.

VI. Properties and real estates owned by the applicant family unit ^{Note 3} (Including owned residences, parking spaces, commercial units, industrial units, offices)			<input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable
No.	Category	Location ^{Note 4}	Property registration number/address
1	<input type="checkbox"/> Residence <input type="checkbox"/> Parking space <input type="checkbox"/> Commercial unit <input type="checkbox"/> Industrial unit <input type="checkbox"/> Office <input type="checkbox"/> Others: _____	<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____	
2	<input type="checkbox"/> Residence <input type="checkbox"/> Parking space <input type="checkbox"/> Commercial unit <input type="checkbox"/> Industrial unit <input type="checkbox"/> Office <input type="checkbox"/> Others: _____	<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____	
Total	No. of residence(s): ____; No. of parking space(s): ____; No. of commercial units(s): ____; No. of industrial units(s): ____; No. of office(s): ____; Others(____): ____		

Note 3: If the family unit has more properties or real estates, please fill in “Assets of the Applicant Family Unit and Other Documents—Supplementary Column”.

Note 4: If the properties and real estates are outside Macau, proofs, such as real estate certificates, etc. must be submitted.

VII. Other information that are conducive to the application ^{Note 5}		<input type="checkbox"/> Applicable <input type="checkbox"/> Not applicable
No.	Circumstance	
1	<input type="checkbox"/> Receiving financial assistance from the Social Welfare Bureau <input type="checkbox"/> Faced with public disasters or natural disasters <input type="checkbox"/> In the state of single parenting <input type="checkbox"/> In a state of involuntary unemployment <input type="checkbox"/> Death <input type="checkbox"/> Suffering from serious illnesses ^{Note 6} (Please specify: _____) <input type="checkbox"/> Others (Please specify): _____	

Note 5: If you need to fill in more items, please fill in “Assets of the Applicant Family Unit and Other Documents—Supplementary Column”. All items declared above must have valid supporting documents.

Note 6: Serious illnesses include: long-term mental illness, moderate to severe anemia (9 grams or less of hemoglobin), malignant tumor, diabetes and its comorbidities, vital organ dysfunction, disseminated lupus erythematosus, tuberculosis (under treatment), need to intake liquid food, stoma patients, cerebrovascular disease, Parkinson's disease, AIDS, epilepsy, dementia, autism.

*According to the provisions of Article 244 of “Código Penal”, once convicted, forgery of documents will lead to imprisonment of up to 3 years or a fine. According to the provisions of Article 250 of “Código Penal”, once convicted, using a false certificate will lead to imprisonment of up to 1 year or a fine of up to 120 days.

Signature of the representative of the family unit: _____ Date: _____

(same as on the ID)

(YYYY/MM/DD)

Personal Data of the Applicant Family Unit—Supplementary Column

No. _____							
Chinese name				Name in foreign language			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
ID type ^{Note 1}	<input type="checkbox"/> Macao Permanent Resident Identity Card			ID no.	Relationship with the representative of the family unit		
	<input type="checkbox"/> Macao Non-Permanent Resident Identity Card						
	<input type="checkbox"/> Others (Please specify): _____			Date of birth	(YYYY / MM / DD)		Are you an applicant student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Subsidy applied (please tick the appropriate)		<input type="checkbox"/> Tuition Assistance <input type="checkbox"/> Meal Subsidy		Signature (the same as on the ID)			
<input type="checkbox"/> School Supplies Subsidy							

No. _____							
Chinese name				Name in foreign language			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
ID type ^{Note 1}	<input type="checkbox"/> Macao Permanent Resident Identity Card			ID no.	Relationship with the representative of the family unit		
	<input type="checkbox"/> Macao Non-Permanent Resident Identity Card						
	<input type="checkbox"/> Others (Please specify): _____			Date of birth	(YYYY / MM / DD)		Are you an applicant student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Subsidy applied (please tick the appropriate)		<input type="checkbox"/> Tuition Assistance <input type="checkbox"/> Meal Subsidy		Signature (the same as on the ID)			
<input type="checkbox"/> School Supplies Subsidy							

No. _____							
Chinese name				Name in foreign language			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
ID type ^{Note 1}	<input type="checkbox"/> Macao Permanent Resident Identity Card			ID no.	Relationship with the representative of the family unit		
	<input type="checkbox"/> Macao Non-Permanent Resident Identity Card						
	<input type="checkbox"/> Others (Please specify): _____			Date of birth	(YYYY / MM / DD)		Are you an applicant student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Subsidy applied (please tick the appropriate)		<input type="checkbox"/> Tuition Assistance <input type="checkbox"/> Meal Subsidy		Signature (the same as on the ID)			
<input type="checkbox"/> School Supplies Subsidy							

No. _____							
Chinese name				Name in foreign language			Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
ID type ^{Note 1}	<input type="checkbox"/> Macao Permanent Resident Identity Card			ID no.	Relationship with the representative of the family unit		
	<input type="checkbox"/> Macao Non-Permanent Resident Identity Card						
	<input type="checkbox"/> Others (Please specify): _____			Date of birth	(YYYY / MM / DD)		Are you an applicant student? <input type="checkbox"/> Yes <input type="checkbox"/> No
Subsidy applied (please tick the appropriate)		<input type="checkbox"/> Tuition Assistance <input type="checkbox"/> Meal Subsidy		Signature (the same as on the ID)			
<input type="checkbox"/> School Supplies Subsidy							

Note 1: Family members holding non-Macao resident identity cards must submit their ID copies.

*According to the provisions of Article 244 of “Código Penal”, once convicted, forgery of documents will lead to imprisonment of up to 3 years or a fine. According to the provisions of Article 250 of “Código Penal”, once convicted, using a false certificate will lead to imprisonment of up to 1 year or a fine of up to 120 days.

Signature of the representative of the family unit: _____ Date: _____

(same as on the ID)

(YYYY/MM/DD)

Income—Supplementary Column

IV. Income earned by members of the family unit who age 18 or above in and outside Macao in the last calendar year (required field)						
* Income items are: a) Income acquired from self-employment or employment; b) grants, pensions, retirement benefits; c) income from industrial and commercial activities, real estates, copyrights and financial management.						
No.:	Name of the family member				Do you have income (include income from work and income acquired not from work) in the last calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Income items/ Occupation ^{Note}	Company name/ source of income	Region	Period (YYYY / MM to YYYY / MM)	Currency	Amount	
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____				
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____				
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____				
Subtotal				MOP		
No.:	Name of the family member				Do you have income (include income from work and income acquired not from work) in the last calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Income items/ Occupation ^{Note}	Company name/ source of income	Region	Period (YYYY / MM to YYYY / MM)	Currency	Amount	
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____				
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____				
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____				
Subtotal				MOP		
No.:	Name of the family member				Do you have income (include income from work and income acquired not from work) in the last calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Income items/ Occupation ^{Note}	Company name/ source of income	Region	Period (YYYY / MM to YYYY / MM)	Currency	Amount	
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____				
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____				
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____				
Subtotal				MOP		
No.:	Name of the family member				Do you have income (include income from work and income acquired not from work) in the last calendar year? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Income items/ Occupation ^{Note}	Company name/ source of income	Region	Period (YYYY / MM to YYYY / MM)	Currency	Amount	
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____				
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____				
		<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____				
Subtotal				MOP		

Note : Proof of income must be submitted, such as the declarations of income ([Employed] [Self-employed] [Business operator]), the payment records of social security benefits, etc.

*According to the provisions of Article 244 of “Código Penal”, once convicted, forgery of documents will lead to imprisonment of up to 3 years or a fine. According to the provisions of Article 250 of “Código Penal”, once convicted, using a false certificate will lead to imprisonment of up to 1 year or a fine of up to 120 days.

Signature of the representative of the family unit: _____ Date: _____

(same as on the ID)

(YYYY/MM/DD)

Assets of the Applicant Family Unit and Other Documents—Supplementary Column

V. Total bank deposit of the applicant family unit (Including but not limited to current savings, time deposits, stocks, bonds, commercial products, securities, funds, insurance plans with savings or investment components held within and outside Macao)				
No.	Item ^{Note 1}	Credit, Financial Institutions	Currency	Amount
Subtotal			MOP	

Note 1: All items declared must have supporting documents such as asset certification documents issued by credit or financial institutions, documents showing personal total bank net worth, etc.

VI. Properties and real estates owned by the applicant family unit (Including owned residences, parking spaces, commercial units, industrial units, offices)			
No.	Category	Location ^{Note 2}	Property registration number/address
	<input type="checkbox"/> Residence <input type="checkbox"/> Parking space <input type="checkbox"/> Commercial unit <input type="checkbox"/> Industrial unit <input type="checkbox"/> Office <input type="checkbox"/> Others: _____	<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____	
	<input type="checkbox"/> Residence <input type="checkbox"/> Parking space <input type="checkbox"/> Commercial unit <input type="checkbox"/> Industrial unit <input type="checkbox"/> Office <input type="checkbox"/> Others: _____	<input type="checkbox"/> Macao <input type="checkbox"/> Others: _____	
Total	No. of residence(s): _____; No. of parking space(s): _____; No. of commercial units(s): _____; No. of industrial units(s): _____; No. of office(s): _____; Others(): _____		

Note 2: If the properties and real estates are outside Macau, proofs, such as real estate certificates, etc. must be submitted.

VII. Other information that are conducive to the application ^{Note 3}	
No.	Circumstance
	<input type="checkbox"/> Receiving financial assistance from the Social Welfare Bureau <input type="checkbox"/> Faced with public disasters or natural disasters <input type="checkbox"/> In the state of single parenting <input type="checkbox"/> In a state of involuntary unemployment <input type="checkbox"/> Death <input type="checkbox"/> Suffering from serious illnesses ^{Note 4} (Please specify: _____) <input type="checkbox"/> Others (Please specify): _____
	<input type="checkbox"/> Receiving financial assistance from the Social Welfare Bureau <input type="checkbox"/> Faced with public disasters or natural disasters <input type="checkbox"/> In the state of single parenting <input type="checkbox"/> In a state of involuntary unemployment <input type="checkbox"/> Death <input type="checkbox"/> Suffering from serious illnesses ^{Note 4} (Please specify: _____) <input type="checkbox"/> Others (Please specify): _____

Note 3: All items declared above must have valid supporting documents.

Note 4: Serious illnesses include: long-term mental illness, moderate to severe anemia (9 grams or less of hemoglobin), malignant tumor, diabetes and its comorbidities, vital organ dysfunction, disseminated lupus erythematosus, tuberculosis (under treatment), need to intake liquid food, stoma patients, cerebrovascular disease, Parkinson's disease, AIDS, epilepsy, dementia, autism.

*According to the provisions of Article 244 of “Código Penal”, once convicted, forgery of documents will lead to imprisonment of up to 3 years or a fine. According to the provisions of Article 250 of “Código Penal”, once convicted, using a false certificate will lead to imprisonment of up to 1 year or a fine of up to 120 days.

Signature of the representative of the family unit: _____ Date: _____

(same as on the ID)

(YYYY/MM/DD)