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UOW College Hong Kong Scheme for Subsidy on Exchange for Post-secondary Students (SSE / Means-tested SSEBR / Non-means-tested MES / Non-means-tested SSEBR) <u>Application Form</u>

Part I: Personal Particula	rs						
Name : (in English) (As shown on your HKID card)	(in Chinese)						
	Student ID no. :						
	Student email :						
	Cumulative GPA :						
Part II: Details of Outbound	d Exchange Programme						
Name of Exchange Programme :	LIOW MALAYCIA MODILITY DDOCDAM 2025						
Name of Hosting Institution (if applicable):	UOW Malaysia						
Objectives of the Exchange Programme :	- Enhance intercultural communication skills and cultural awareness - Understand interconnectivity between HK and Malaysia as members of the Belt and Road Initiative - Improve language skills						
Destination :	Malaysia						
Duration of Programme:	From 4 June 2025						
	To 11 June 2025 (8 Days)						
Nature of Exchange	☐ Study relating to the field of studies						
Programme :	☑ Language immersion programme						
	☑ Cultural study						
	☐ General study						
	☐ Others, please specify :						
	☐ Credit bearing						
	☐ Award bearing						

Part III: Application for Subsidy Scheme

Ple		he box below to indicate which scheme yns-tested	you inte	nd to (apply for : -			
	☐ Scher	me for Subsidy on Exchange for Post-sec	ondary	Stude	nts (SSE)			
	tested S	e for Means-tested Subsidy on Exchange to ' SSEBR) time 2nd time (Please specify the c			,	udents (Means- _)		
	For Non-	means-tested						
		e for Non-means-tested Subsidy on Exchang -tested SSEBR)	e to "Bel	t and R	oad" Regions for Post-seconda	ry Students (Non-		
	□ Non-m MES)	neans tested Mainland Experiences Scho	eme for	Post-s	econdary Students (Non-m	eans-tested		
Par		olicant's Financial Conditions (This s ans-tested schemes)	ection	is onl	y applicable to those wh	o apply for the		
(SF	O) of the \	<u>IST</u> be in receipt of means-tested student Working Family and Student Financial A Comprehensive Social Security Assistan	Assistan	ce Age	ency (WFSFAA) or the appli	• • • • • • • • • • • • • • • • • • • •		
			Yes	No	Date of receiving or to receive	Amount (\$)		
		Vorking Family and Student Financial gency (WFSFAA)						
	ecipients o ssistance (0	f Comprehensive Social Security CSSA)						
Par	t V: Dec	claration and Consent						
1.	informat	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 nade must be refunded to UOWCHK.						
2.	I underst	and I am only eligible						
	a. for subsidy under the SSE <u>once</u> throughout my studies at UOWCHK at the same level of study.							
	 for subsidy under the Means-tested SSEBR <u>twice at most</u>, each for a different destination throughout my studies at UOWCHK at the same level of study. 							
	c. for subsidy under the Non-means-tested MES <u>once</u> throughout my studies at UOWCHK at the same level of study.							
	d. for subsidy under the Non-means-tested SSEBR <u>once</u> throughout my studies at UOWCHK at the same level of study.							
	e. for subsidy under SSE / Means-tested SSEBR / Non-means-tested SSEBR if I have not been subsidized under any of these schemes for the same destination.							
3.		nave not received other Scholarships / Sceived the following (if applicable):	ponsors	ships /	Subsidy Schemes.			
	Received	l date	Amo	unt (\$				
	Name of	Scholarship / Sponsorship / Subsidy Sch	neme _					

- 4. Upon successful application, I undertake to submit a <u>reflection report</u> to UOWCHK on the activities I have participated in and the learning experiences and benefits acquired within one month after returning to Hong Kong. The reflection report would be endorsed by Programme Leader/authorized person of the institution and used by Education Bureau for publicity and sharing purposes.
- 5. I agree that my personal data provided in this application form will be used by UOWCHK, WFSFAA and related government bureaus/departments to assess my eligibility for the Subsidy Schemes and for other related purposes.

Waivers) and notification letter