

Application for a Grant from Elite Athlete Charitable Trust

精英運動員慈善基金資助申請表

FOR OFFICE USE 辨事處專用		
Rec'd Date 收表日期		
Handled By 辨理員		
Handled Date 辨理日期		

第一部份 - 個人資料 Part I - Personal Details

(中)	性別 (男/女)
	Gender (M/F):
(OIII)	Geriaer (IVI/1).
香港身份證號碼	居港年期
HKID Card No.:	Years of Residence in HK:
主項	參與該運動年期
Event:	Years in Sport:
學歷	
Academic Background:	
電郵	
Email:	
	(Chi) 香港身份證號碼 HKID Card No.: 主項 Event: 學歷 Academic Background:

第二部份 - 申請資助項目 (請於合適方格內加上 >) Part II - Funding Requests (please > where appropriate)

	課程名稱
	Course name:
□ 教育進修 Education programme	學院名稱 Name of Institution:
Education programme	課程為期
	Duration:
□ 職業培訓	每年學費金額
Vocational training	Annual Tuition Fee:
	學費總金額
	Total Tuition Fee:
	請與課程資料一併提交 (Please attach details of the programme)

續 - 第二部份 - 申請資助項目

Con	Con't - Part II – Funding Requests				
	運動創傷復康醫療 Medical treatment for sports injuries rehabilitation	需治療之創傷/疾病名稱 Type of injuries/illness: 所需治療 Treatment required: 提供醫療者 Medical treatment provider: 預期治療時間 Time of treatment expected: 所需費用 Cost: <i>請與醫生証明或醫療報告一併提交</i>			
		(Please attach doctor's reference or medical records)			
	第三部份 - 附加資料 Part III - Additional Information				
1.	. 你現時有否工作?如有,請列明兼職或全職、工作性質、機構或公司名稱。 Do you currently have a job? If yes, please indicate part-time or full-time, nature of the job and the name of organization / company.				
2.	你有否曾向政府或其它機構就以上申請事項,申請同類資助或已接受資助或津貼?如有,請提供詳細資料,包括撥款機構名稱。 Have you applied / are you receiving subsidy for the above or similar funding request provided by government or other organisation? If yes, please provide details, including the name of the funding body.				
【基金委員會有權向有關機構查證所提供資料】。 【The Trustees have the right to verify with the related organisation(s) on the information provided. or you have to submit the evidence.】					
	第四部份 - 聲明 Part IV - Declaration				
本人聲明就以上之申請資料為真實及準確。並同意如申請有所更改及/或向其他機構申請同類資助時,必會知會精英運動員慈善基金有關一切事項。 I declare that the information given on this form are true and accurate. I also undertake to inform the Elite Athlete Charitable Trust if, subsequent to the application, there is change of circumstances and/or I apply for funds from other sources for the same purpose.					

申請人簽署 Signature of applicant:_____ 申請人姓名 申請日期 Name of applicant: Date of application: