

**Hsin Chong - K.N. Godfrey Yeh Education Fund
for Joint Student Projects
Application Form 2024 – 25 (1st Round)**
(Please type or write clearly in black)

1. Name of Proposed Project _____
2. Amount of Subsidy Applied (HK\$) _____
3. Amount of Subsidy Approved by Other Organizations / Under Application (HK\$) _____

4. Particulars of Project Leader

Name _____ Student No. _____

Society being represented & Position (if relevant) _____

Institution & Faculty/Department _____

Course & Year of Studies _____

Address _____

Contact Telephone No _____ Email _____

5. Particulars of the Second Contact Person

Name _____ Student No. _____

Society being represented & Position (if relevant) _____

Institution & Faculty/Department _____

Contact Telephone No _____ Email _____

Signature of Project Leader

Chop of Society
(if applicable)

Date

Please attach a proposal which gives details of the following:

- A. Particulars of Project Organizers
- For Student Societies: Name of societies and respective institutions
 - For individuals: Name of students with respective institutions, faculties/departments, course and year of studies, address & contact no.
- B. Particulars of the Proposed Project
- Objectives, methods in achieving the objectives, proposed dates, proposed venue (if conducted locally), destination & itinerary (if conducted abroad), details of target participants (no. of students & staff from each institution, other participants), contribution to the promotion of student activities and student services in general.
- C. Budget plan (subsidies expected from Hsin Chong, other subsidies approved by other organizations or under application, other sources of income and expenditures in details)

**Completed application form should be email to sdssat@cityu.edu.hk with the full proposal.
For enquiries, please feel free to contact us at sdssat@cityu.edu.hk.**

6. To facilitate the consideration of Selection Committee, please invite your advisor to comment on the proposed project.

Name of advisor _____ Tel. No. _____

Position _____

Faculty/Dept _____ Institution/Organization _____

Signature _____ Date _____

7. Recommendation by staff of the Office of Student Affairs of the institution in which the project leader is studying.

Name of staff _____ Tel. No. _____

Position _____ University/Institution _____

Signature _____ Date _____