

**Hsin Chong - K.N. Godfrey Yeh Education Fund  
for Joint Student Projects  
Application Form 2024 – 25 (1<sup>st</sup> 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

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**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 together with the detailed proposal should be sent via email (osa\_activities@hksyu.edu) to the Office of Student Affairs of SYU in which the project leader is studying. For enquiries, please contact Ms. Fanny Yan / Mr. Kenneth Leung of the Office of Student Affairs.**

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

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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.

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Name of staff \_\_\_\_\_ Tel. No. \_\_\_\_\_

Position \_\_\_\_\_ University/Institution \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_