

**Application form for “Special Anti-epidemic Grant”**

*(Applicable for private secondary and primary schools, including private schools offering full and formal curriculum, international schools and Private Independent Schools)*

To: Permanent Secretary for Education  
(Attn: Central Team 1 / School Development Division, Education Bureau)

I, \_\_\_\_\_ (name), the Supervisor of \_\_\_\_\_  
\_\_\_\_\_ (school name) (School No.: \_\_\_\_\_),

would like to represent our school to apply for the “Special Anti-epidemic Grant” and confirm that:

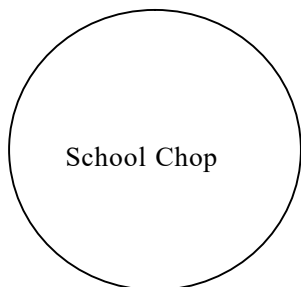
[ \* Please ✓ in the appropriate box ]

(a) \*  our school has previously submitted GF179A for disbursement of the “Special Anti-epidemic Grant” in 2020 by autopay. I hereby give consent to the Education Bureau to disburse the “Special Anti-epidemic Grant” to the same bank account by autopay.

(b) \*  our school will receive the “Special Anti-epidemic Grant” by a crossed cheque. I confirm that the name of the payee for this grant and the name of the applicant school above are identical / NOT identical (delete as inappropriate). (If NOT identical, please also complete Annex 2).

Regarding any enquiries concerning this application, please contact \_\_\_\_\_  
\_\_\_\_\_ (Name of the contact person) of our school [Phone number: \_\_\_\_\_].

I will abide by the application terms stipulated in EDBCM No. 51/2022 on the “Special Anti-epidemic Grant”.



Full Name of the School  
(Identical to the chop) : \_\_\_\_\_

Signature of the Supervisor : \_\_\_\_\_

Name of the Supervisor : \_\_\_\_\_

Contact number of the Supervisor : \_\_\_\_\_

Date : \_\_\_\_\_