

APPLICATION FOR SCHOLARSHIP CATEGORIZATION

PERSONAL INFORMATION

| | | | | | |
|---|--|---|----------------------------------|--|------------------------|
| Name of Student | | | Year Level & Section | Type of Student <input type="checkbox"/> New <input type="checkbox"/> Old | |
| <small>Last Name</small> | <small>First Name</small> | <small>Middle Name</small> | | | |
| Student ID No. | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | Birthday | Age as of Last Birthday | | |
| Present Home Address | | | | | |
| <small>House/ Street No.</small> | | <small>Subdivision/Village/Barangay</small> | <small>City/Municipality</small> | <small>Province</small> | <small>ZipCode</small> |
| <small>Landline Number with Area Code</small> | | <small>Mobile No.</small> | | <small>E-mail Address</small> | |

Who will finance your schooling? Parents Others, please specify name & relationship to you _____

1. INCOME

What are the sources of income of your household?

Business Remittances from abroad Private Practice of Profession Commissions
 Real Estate rentals Farms/Haciendas/Fishponds Interests/Earnings from Investment Salaries/Wages
 Pensions Others, please specify _____

HOUSEHOLD MEMBERS

| Name | Relationship to the Scholar | Date of Birth (dd/mo/yr) | Occupation & Designation/Position Title | Name of Employer or Business Enterprise | Nature of employment (S: Self-employed; P: Part owner/ stockholder; E: Employee; O: Others, pls specify) | Monthly Income (in Ph Pesos) |
|---|-----------------------------|--------------------------|---|---|--|------------------------------|
| <i>Immediate Members of the Family. Please list the siblings (brothers and sisters) who are studying in the next table.</i> | | | | | | |
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| <i>Other Household Members</i> | | | | | | |
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Siblings in school

| Name of Sibling | Name of School | Total School Fees per year |
|-----------------|----------------|----------------------------|
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2. REAL PROPERTIES

List all real properties (Lot, building, house, condominium, fish ponds, agricultural land, etc) owned, rented or amortized being used by the family as residence, productive or non-productive enterprise, investment, or as idle lands.

| Description of real property (e.g. land, house, condominium unit, etc) | Location (Brgy, Mun./City, Prov) | Area (sq.meters) | Estimated Market Value | Status of Ownership? O-Owned N- Not owned | If not owned, Indicate the monthly rental or amortization |
|--|----------------------------------|------------------|------------------------|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Total | | | | | |

3. VEHICLE OWNERSHIP, POSSESSION, REGULAR USE THEREOF

Does your family own, possess, use a vehicle? Yes No. If yes, how many vehicles do your family own? _____. Please list as follows:

| Vehicle brand (Toyota, Honda, Cherry, Hyundai, Sarao, etc.) | Type (motorcycle, jeep, sedan, van, etc.) | Displacement (1.3, 1.6, 2.0, etc.) | Year & model |
|---|---|------------------------------------|--------------|
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4. ELECTRIC CONSUMPTION

In the past three months, what is the average monthly consumption of electricity (in KWH) in your residence? _____

OTHER INFORMATION

How many of the following are living with or working full-time for your family?

_____ Housemaid _____ Houseboy _____ Yaya _____ Cook _____ Driver _____ Gardener
 _____ Security Guard _____ Laundry person/clothes presser Others, please specify _____

Does your family own or possess any of the following?

| Appliance | No. of Working Units | |
|-------------------------------|----------------------|--|
| Stereo/audio system | | |
| Karaoke/Magic Microphone | | |
| Piano/organ | | |
| Cell phone | | |
| Television set | | |
| Luxury Bike | | |
| Video camera | | |
| Cooking range with oven | | |
| Microwave oven | | |
| Refrigerator | | |
| Upright or chest-type freezer | | |

| Appliance | No. of Working Units | |
|---|----------------------|--|
| Washing machine | | |
| Heated electric clothes dryer | | |
| Electric water heater | | |
| Electric water pump and tank | | |
| Air conditioner | | |
| Desktop personal computer | | |
| Notebook/laptop personal computer | | |
| Netbook personal computer | | |
| Computer game system (e.g. Wii, Playstation, Gameboy) | | |
| Others, please specify | | |
| | | |

Does your family subscribe to the following?

| | | |
|-----------------------|--|--|
| Cable or satellite TV | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Internet subscription | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

How many toilet and bath are there in your house? _____

Is any of your parent(s), legal guardian a member/officer of any of the following?

| | | |
|---|--|--|
| Sports, Health & Country Club (e.g. Manila Polo Club, Makati Sports Club, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Social, Civic or Service Organizations (e.g. Rotary, Lions, Kiwanis, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Professional Association (e.g. Phil. Medical Association, Integrated Bar of the Phils., Phil. Institute of Civil Engineers, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Business Organization (e.g. Pampanga Chamber of Commerce, Makati Business Club, etc.) | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Others, please specify | | |

Have you or any member of your family traveled abroad in the last **two** years? Yes No. If yes, please complete the following:

| Family members who traveled abroad | Year of travel | Destination | Purpose |
|------------------------------------|----------------|-------------|---------|
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Guardian's Name (If not living with parents): _____ Relation: _____

Parent's/Guardian's Mailing Address: _____

Telephone No: _____ Mobile No. _____ Email Address: _____

I hereby certify that I have read and understood all the instructions in this application form and that all information written herein is complete and accurate. I am aware that any false information furnished in this application will make me ineligible for scholarship categorization or subject to dismissal.

I hereby attest to the veracity and completeness of all information which my son/daughter/dependent has written in this application form. I am aware that any false information furnished in this application will make my child/ward ineligible for scholarship categorization or subject to dismissal.

 Name and Signature of Student
 Date _____

 Name and Signature of Parent/Guardian
 Date _____

NOTARY PUBLIC

Doc. No. _____
 Page No. _____
 Book No. _____
 Series of _____