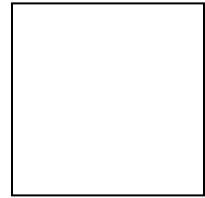




**STUDENT ASSISTANTSHIP PROGRAM  
APPLICATION FORM**



**A. APPLICANT DATA**

Last Name		Date Of Birth	
First Name		Citizenship	
Middle Name		Sex	
Course/Year		Civil Status	
Address			
Contact Num.		Religion	

**Application Details**

Reasons/Special circumstances for applying in Student Assistantship Program?	
Basic Office Skills	
Special Skills	
Type of Work interested in	

**B. EDUCATIONAL BACKGROUND**

Elementary School		Year Graduated	
Junior High School		Year Completed	
Senior High School		Year Graduated	
SHS School Address			

**C. FAMILY BACKGROUND:**

Particulars	FATHER	MOTHER
Name		
Address		
Contact No.		
Educational Achievement		
Occupation	<input type="checkbox"/> Employed; Company Name: _____ Position: _____ <input type="checkbox"/> Self-employed Nature of Work: _____ <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Deceased	<input type="checkbox"/> Employed; Company Name: _____ Position: _____ <input type="checkbox"/> Self-employed Nature of Work: _____ <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Deceased
Monthly Income	<input type="checkbox"/> Below P2,000.00 <input type="checkbox"/> P2,001 – P8,000.00 <input type="checkbox"/> P8,001.00 – P15,000.00 <input type="checkbox"/> P15,001.00 – P25,000.00 <input type="checkbox"/> Above P25000.00	<input type="checkbox"/> Below P2,000.00 <input type="checkbox"/> P2,001 – P8,000.00 <input type="checkbox"/> P8,001.00 – P15,000.00 <input type="checkbox"/> P15,001.00 – P25,000.00 <input type="checkbox"/> Above P25000.00

Persons that help finance your education in USLS	<input type="checkbox"/> Parents/Siblings		
	<input type="checkbox"/> Relatives		
	<input type="checkbox"/> Self		
	<input type="checkbox"/> Scholarships other than USLS scholarship	Please specify: _____	Max. amount of support per semester _____
	<input type="checkbox"/> Educational Plan	Please specify: _____	
	<input type="checkbox"/> Others	Please specify: _____	

List your siblings from eldest to youngest with the applicable data below:

NAME	AGE	CIVIL STATUS	SCHOOL / COMPANY	GR/YR/ POSITION	COURSE

List other people living with your family.

NAME	RELATION	*S = in school; W = working; U = unemployed; P = retired & on pension; R = retired but with no pension				
		S	W	U	P	R

Is the house you are living in:	<input type="checkbox"/> Owned, not mortgaged	
	<input type="checkbox"/> Owned, mortgaged	Monthly Amortization: _____
	<input type="checkbox"/> Rented	Monthly Rental _____
	<input type="checkbox"/> Rent free / Living w/ relatives	
	<input type="checkbox"/> Others, please specify:: _____	

Please check all appliances/vehicles that your family owns:

<input type="checkbox"/> radio	<input type="checkbox"/> telephone	<input type="checkbox"/> VCD/DVD player
<input type="checkbox"/> refrigerator	<input type="checkbox"/> air conditioner	<input type="checkbox"/> bicycle
<input type="checkbox"/> electric fan	<input type="checkbox"/> electric/gas stove	<input type="checkbox"/> pedicab
<input type="checkbox"/> karaoke/component	<input type="checkbox"/> oven toaster	<input type="checkbox"/> motorcycle
<input type="checkbox"/> TV	<input type="checkbox"/> turbo broiler	<input type="checkbox"/> tricycle
<input type="checkbox"/> washing machine	<input type="checkbox"/> microwave oven	<input type="checkbox"/> jeep
<input type="checkbox"/> personal computer	<input type="checkbox"/> water dispenser	<input type="checkbox"/> car/pick-up
<input type="checkbox"/> others (please specify) _____		

Please check the appropriate source of your water and light:

<u>Water</u>	<u>Light</u>
<input type="checkbox"/> City or town water district (ex. BACIWA)	<input type="checkbox"/> Electric company (ex. CENECO)
<input type="checkbox"/> Private artesian well ( <i>bomba</i> )	<input type="checkbox"/> Electric company, but shared with another family
<input type="checkbox"/> Private well ( <i>bubon</i> )	<input type="checkbox"/> Kerosene lamp
<input type="checkbox"/> Public artesian well	<input type="checkbox"/> Kinky or candles
<input type="checkbox"/> Public well	

**VERIFICATION**

*I certify that all information written in this application form is complete and accurate. Any falsification of information will automatically nullify my application and/or subject me to dismissal from the University's Scholarship Program.*

**DATA CONSENT STATEMENT**

The applicant consents Admissions and Scholarships Administration Office of University of St. La Salle to use and retain information written on this form solely for the purpose of admission and scholarships only.

Furthermore, information obtained shall be treated with confidentiality and privacy as stated in the Data Privacy Act of 2012, Philippines.

Conforme:

\_\_\_\_\_  
Signature over Student's Printed Name

\_\_\_\_\_  
Signature over Parent/Guardian Printed Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed