

2x2 ID Photo

The applicant is applying a scholarship for: Type of Scholarship you are applying for:

[ ] Integrated School (Kinder to Grade 10) [ ] Academic

[ ] Liceo De La Salle Senior High School [ ] Student Assistant (SA)

[ ] Undergraduate Studies (College Degree) [ ] Cultural: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Graduate Programs [ ] Varsity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] College of Medicine Others: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] College of Law

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last First M.I.*

Home Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_\_/\_\_\_\_\_\_

Contact No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Add: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Civil Status: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Citizenship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Religion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Please spell out:*

JH School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Graduated: \_\_\_\_\_\_\_\_\_\_\_\_

SH School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year Graduated: \_\_\_\_\_\_\_\_\_\_\_\_

School Address of SHS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

For transferee/GSM/Medicine/Law:

Previous School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course taken: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Family Background:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Father** | | **Mother** | |
| Name |  | |  | |
| Highest Educational Attainment |  | **Age:** |  | **Age:** |
| Position / Occupation |  | |  | |
| Company Name |  | |  | |
| Company Address |  | |  | |
| Status of Employment | [ ]Permanent [ ]Casual /Agency [ ]Self- Employed | | [ ]Permanent [ ]Casual /Agency [ ] Self-Employed | |
| If Self-Employed, kindly indicate nature of business |  | |  | |
| Contact Numbers |  | |  | |
| Medical Ailment/History |  | |  | |
| Status of Parents: [ ] Married [ ] Widow/Widower [ ] Separated /Annulled [ ] Single Parent [ ] Co-habit | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of Siblings** | **Age** | **Civil Status** | **Student -Yr Level** | **Status of Employment** | **Name of School /**  **Name of Company** | **Yearly Income / Tuition** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

**Persons/Scholarships that financially support your education:**

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Tuition** | **Allowance; Kindy indicate amount** | **Others, please specify** |
| **Parents** |  |  |  |
| **Siblings** |  |  |  |
| **Relative/s:** |  |  |  |
| **Employer** |  |  |  |

[ ] Self [ ] Government Scholarship: Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] Educational Plan : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] Other Scholarships, Amount: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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**

[ ] owned by your parent’s employer [ ] rented; monthly rent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] mortgaged (housing loan): amount: \_\_\_\_\_\_\_\_\_\_\_\_\_ [ ] owned by your parents / grandparents

[ ] private or government-owned property [ ] others *(please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*\_\_\_\_\_\_\_\_

**Please check all appliances/vehicles that your family owns:**

|  |  |  |  |
| --- | --- | --- | --- |
| [ ] speaker/ component | [ ] telephone | [ ] VCD/DVD player | [ ] personal computer |
| [ ] refrigerator | [ ] air conditioner | [ ] bicycle | [ ] water dispenser |
| [ ] electric fan | [ ] electric/gas stove | [ ] pedicab | [ ] car/pick-up |
| [ ] laptop | [ ] oven toaster | [ ] motorcycle | [ ] washing machine |
| [ ] TV | [ ] turbo broiler | [ ] tricycle | [ ] microwave oven |
| [ ] jeep | [ ] others *(please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* | | |

**Water Source Light/Electricity Source**

[ ] City or town water district (ex. BACIWA) [ ] Electric company (ex. CENECO)

[ ] Private artesian well (bomba) [ ] Private well (bubon) [ ] Electric company, but shared with another family

[ ] Public artesian well [ ] Public well [ ] Kerosene lamp [ ] Kinky or candles

**Internet Subscription**: [ ] Internet Fiber [ ] Wireless LTE [ ] Mobile Data Monthly Expense: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Student Assistantship Applicants Only:**

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

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.

I also understood that submission of incomplete and incorrect application requirements will nullify my application.

Conforme:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature over Student’s Printed Name and Date Signature over Parent/Guardian’s Printed Name and Date