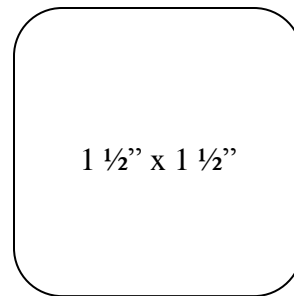




**MAPUA INSTITUTE OF TECHNOLOGY
Center for Scholarships and Financial Assistance**



Application Form for Student Assistantship: (New Applicant)

Please print this on 8.5"x13" size bond paper

PERSONAL DATA

Name				
Surname		First Name		Middle Name
Student Number	Program of Study & Year		Existing Scholarship/s, if any	
Remaining Units Including This Term	Remaining Terms to Graduate			
Date of Birth	Age	Place of Birth	E-mail Address	
Citizenship	Gender	Civil Status	Religion	
Address in Metro Manila: Residing at: <input type="checkbox"/> Boarding House <input type="checkbox"/> Parent's House <input type="checkbox"/> With Guardian: _____			Contact Number/s	
Permanent/ Provincial Address:			Contact Number/s	

FAMILY BACKGROUND

<u>Father's Name</u>			Age
Occupation		Net Annual Income	
Home Address		Contact Number/s	
Name of the Company or Business/ Address		Contact Number/s	
<u>Mother's Name</u>			Age
Occupation		Net Annual Income	
Home Address		Contact Number/s	
Name of the Company or Business/ Address		Contact Number/s	
<u>Brothers/ Sisters</u> [use extra sheet of paper if necessary]	Age	School/ Location or Occupation/ Company	Program Presently Taking/ Finished
Name			
Total Number of Sibling/s: _____ Number of Working- Sibling/s: _____ Number of Studying- Sibling/s: _____			

EDUCATION- Secondary Level

School/ Location	Year Graduated
Honors/ Awards Received	General Average
Organizations	Rank among the Graduates:
Others: list other school you have attended and indicate the course/s you took from that school (i.e. computer courses, etc.)	

MAPUA CORE VALUES: Discipline Excellence Commitment Integrity Relevance

MATRIX OF GENERAL WEIGHTED AVERAGE

Year Level	General Weighted Average				SCHOLARSHIP/S RECEIVED
	1 st Term	2 nd Term	3 rd Term	4 th Term	
1 st year					
2 nd year					
3 rd year					
4 th year					

Reason/s for Availing Student Assistantship: _____

ATTITUDES/ CHARACTERISTICS:

Strength/s: _____

Weakness/es: _____

Current Membership in Organizations (in Mapua and off- campus)/ Extra- Curricular Activities:

Name of Organization/s

Position

- 1] _____
 2] _____
 3] _____

TABULATED CLASS SCHEDULE (Please Write Room Assignment)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:30- 9:00 am							
9:00- 10:30 am							
10:30- 12:00 nn							
12:00- 1:30 pm							
1:30- 3:00 pm							
3:00- 4:30 pm							
4:30- 6:00 pm							
6:00- 7:30 pm							
7:30- 9:00 pm							
Total Duty Hours/ day							
Total Class Hours/ day							
Total DH + CH/ day							

Total Duty Hours/ week: _____

I hereby certify that the above information is true and correct. Any misrepresentation of facts will render this form invalid and will immediately disqualify my application to this student assistantship.

Student's Signature above Printed Name

Date Submitted

Recommended by:

 Immediate Head's Signature above Printed Name

 Position---Department/ Unit/ Laboratory/ Office

Interviewed by:

 CSFA

Endorsed by:

 Financial Assistance Officer

Approved by:

 CSFA Director

Other Requirements:

- Two 1 1/2" x 1 1/2" ID Pictures
- Latest Income Tax Return of Parents *or* Certificate of Tax Exemption from BIR
- Photocopy of Certification of Matriculation/GSA
- Photocopy of 2 Latest Final Grades Reports
- Certificate of Good Moral
- Certificate of Good Health
- Parents' Letter of Consent

"... Mapua... responding to the big local and global technological challenges of the times."