



APPLICATION FORM FOR SCHOLARSHIP

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Effective Date: July 28, 2017

CENTER FOR SCHOLARSHIPS AND FINANCIAL ASSISTANCE

Muralla St., Intramuros Manila, Tel. No. 2475000 (loc 1203)

NAME OF SCHOLARSHIP:

2 x 2

Please use glue or tape only.

Don't staple the picture.

APPLICANT'S INFORMATION

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			Contact Number/s
Residing at: <input type="checkbox"/> Boarding House <input type="checkbox"/> Parent's House <input type="checkbox"/> With Guardian: _____			
Provincial Address			Contact Number/s

FAMILY BACKGROUND

Status of Parents Living Together Separated Single Parent Father Deceased Mother Deceased

RELATION	FATHER	MOTHER
Name		
Age		
Permanent Home Address		
Tel. No.		
Mobile No.		
Email Address		
Occupation/ Postion		
Company		
Business Address		
Business Tel. No.		
Average Monthly Income		
Annual Add'l Income (allowances, per diem, bonuses)		
Number of years in service		
Annual gross income		
Educational Attainment		
School or College		
Reason/s for being unemployed		

BROTHERS AND SISTERS (Please attach additional sheet if necessary)

Total Number of Sibling/s: _____ Number of Working Sibling/s: _____ Number of Studying Sibling/s: _____

RELATION	Sibling 1	Sibling 2	Sibling 3
Name			
Age			
Civil Status			
Permanent Home Address			
Tel. No./Mobile No.			
Occupation / Year or Gr. Level			
Employer			
Business Address			
Business Tel. No.			
Average Monthly Income			
Educational Attainment			
School or College			
Still with you? (Yes/No)			
School Fees per Year (if student)			

FINANCIAL STATUS (Please answer thoroughly)

Family Income (Annual Gross)

Combined Annual Pay (father, mother)	PhP
Combined Annual Pay (brother, sister)	
Income from Business	
Income from Land Rentals	
Income from Res/Bldg Rentals/Lease	
Retirement Benefits/Pension	
Commissions	
Support from Relative/s	
Bank Deposits	
Others (Specify)	
Total Annual Income	PhP

Deposits: Indicate Bank, Branch & Balance

Savings Acct. _____
 Checking Acct. _____
 Time Deposits _____
 Others Deposits _____
 Foreign Currency Deposit _____
 Stocks _____

Family Expenses (Monthly)

House Rental	PhP
Food & Grocery	
Car Loan Amortization (specify)	
Other loan Amortization (specify)	
School Bus Payment	
Transportation/Gasoline & School Bus	
Education Plan Premiums	
Insurance policy Premiums	
Health Insurance Premium	
SSS/GSIS/PAG-IBIG Loans	
School/Office uniform/Clothing	
Electricity, Water, Cable, Cooking Gas	
Telephone/Cellphone	
Helper/Yaya (how many? ___)	
Driver (how many? ___)	
Medicines	
Doctor's fee/Consultation	
Hospitalization	
Recreation	
Others (specify)	
Total	PhP
Sub-total x 12 months	PhP

Family Expenses (Annual)

School Tuition & Fees	PhP
Withholding Tax	
SSS/GSIS/Pag-ibig Contribution	
Others (specify)	
Sub-total	PhP
TOTAL ANNUAL EXPENSES	PhP

OTHER DATA

Does your family have any of the following appliances?

Indicate how many	Date Acquired
TV Set	
DVD/VCD Player	
Radio/Videoke	
Personal Computer	

Indicate how many	Date Acquired
Organ	
Electric/Gas Stove	
Electric/Gas Range	
Microwave	

Indicate how many	Date Acquired
Laptop	
Refrigerator	
Freezer	
Airconditioner	
Stand/Desk/Ceiling/Wall Fan	
Piano	

Indicate how many	Date Acquired
Washing Machine	
Cellphone	
Cordless Phone	
PlayStation	
Camera	
Video Camera	

Cars and other motor vehicles owned or regularly used by the family

Make/Yr/Model	Date Purchased	Amt of Purchase	Balance to be Paid	Company/Family Owned

Do you have other relative/s who help out in your finances? Yes No

If Yes, Name/s _____
 What is their relation to you? _____
 How much money do they send monthly on the average? _____

EDUCATION - Secondary Level

School/ Location	Year Graduated
Honors/ Awards Received	General Average

Current Membership in Organizations (in Mapúa and off-campus. Please provide proof):

Name of Organization/s	Position
1) _____	_____
2) _____	_____
3) _____	_____

Hobbies:

Name	Relationship to the Applicant	Contact Number
References: 1) _____	_____	_____
2) _____	_____	_____

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 scholarship. I also allow Mapúa to use the said information for legitimate purpose specifically for the evaluation for eligibility for scholarship, and allow the processing of such information by authorized personnel in accordance with the Data Privacy Policy of the University.

 Student's Signature above Printed Name

 Date Submitted

Other Requirements:

- One 2x2 ID Picture
- Latest Income Tax Return of Both Parents or Affidavit of Non-Filing Income Tax Return. If OFW, copy of contract or any proof of income
- Photocopy of Latest Certificate of Matriculation (CM)
- Certified True Copy of FGR since First Year or Grade Certification
- For First Year Applicant: Certified True Copy of latest SHS Report Card
- Certificate of Good Moral Character
- Certificate of Good Health
- Essay: Why do I deserve this Scholarship.

Screened by:

 Scholarship Coordinator

Reviewed by:

 Financial Assistance Officer

Noted by:

 Dean of Admissions and Scholarships