



APPLICATION FORM FOR ALUMNI LOYALTY DISCOUNT

Document No. : FM-SF-12-02

Effective Date: April 1, 2019

CENTER FOR SCHOLARSHIPS AND FINANCIAL ASSISTANCE

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

APPLICANT'S INFORMATION AND WAIVER FOR ALUMNI LOYALTY DISCOUNT

ALUMNUS NAME			
Surname		First Name	Middle Name
COMPANY NAME/BRANCH		POSITION	RELATIONSHIP TO THE BENEFICIARY
STUDENT NAME (Beneficiary)			
Surname		First Name	Middle Name
STUDENT NUMBER	PROGRAM/STRAND AND YEAR	TERM & SY APPLIED FOR	DATE OF APPLICATION
CONTACT NUMBER/S			

PLEASE SUBMIT THIS FORM TOGETHER WITH THE FOLLOWING REQUIREMENTS:

1. An alumnus who will avail of the discount for the first time must present a valid government-issued ID for verification purposes
2. The eligible direct family member must also submit an ID as well as proof of consanguinity with the alumnus such as copy of NSO birth certificates.
3. Alumnus' proof of graduation in Mapua such as photocopy of diploma or transcript of records.
4. Proof that the beneficiary is in Grade 10 for incoming SHS or Grade 12 for incoming freshman.

TERMS AND CONDITIONS

- Those eligible will receive a 10% discount on tuition fees excluding laboratory fees per quarter of enrolment for the duration of study. No discount shall be given on all other fees (miscellaneous, penalty charges, etc.)
- Students are not eligible to receive Alumni Loyalty Discount concurrent with other promotional discounts such as YGC Discount and Sibling Discount.
- The Alumni Loyalty Discount will only apply where the alumnus' eligible direct family member meets the requirement for Admission into their preferred program.
- All children of an alumnus' may apply for and be granted a discount, regardless of number. However, only one (1) among an alumnus' sibling, grandchild, nephew, or niece from sibling, may apply for and be granted a discount.

WAIVER

I/We _____ certify to the correctness and accuracy of all information and documents that I gave in connection with this Application. I understand that, should any of these be later on discovered to be false or fraudulent, I shall be liable to refund any discount given to me/my beneficiary or ward by virtue of this Application, without prejudice to any administrative sanction/s that Mapúa may impose on me and/or my beneficiary or ward pursuant to the Student Handbook. We also allow Mapúa to use the above information for legitimate purposes specifically for evaluation of eligibility for Alumni Loyalty Discount and allow the processing of the information by authorized personnel in accordance with the Data Privacy Policy of the University.

I/We have also read the terms and conditions of the program, and understand that the discount is an incentive given to families covered by the program and may be discontinued anytime without need of prior notice.

Signature over Printed Name of the Alumnus

IMPORTANT: This form/waiver should be fully accomplished and submitted to the Center for Scholarships and Financial Assistance of Mapúa University prior or during enrollment period for the quarter applied for. Failure to do so would mean disapproval of the application for the Alumni Loyalty Discount.

For CSFA use only

Applicant's application and requirements have been verified to comply with the terms and conditions of the program.

Verified by:

Approved by:

Scholarship Coordinator

Financial Assistance Officer