

**APPLICATION FOR SCHOLARSHIP CATEGORIZATION**

**PERSONAL INFORMATION**

<b>Name of Student</b>			Year Level & Section	Type of Student <input type="checkbox"/> New <input type="checkbox"/> Old
Last Name	First Name	Middle Name		
<b>Student ID No.</b>	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Birthdate</b>	<b>Age as of Last Birthday</b>	
<b>Present Home Address</b>				
House/Street No. Subdivision/Village/Barangay		City/Municipality	Province	ZipCode
Landline Number with Area Code		Mobile No.	E-mail Address	

Who will finance your schooling?  Parents  Others, please specify name & relationship to you \_\_\_\_\_

**1. INCOME**

What are the sources of income of your household?

Business       Remittances from abroad       Private Practice of Profession       Commissions  
 Real Estate rentals       Farms/Haciendas/Fishponds       Interests/Earnings from Investment       Salaries/Wages  
 Pensions       Others, please specify \_\_\_\_\_

**HOUSEHOLD MEMBERS**

Name	Relationship to the Scholar	Date of Birth (dd/mo/yr)	Occupation & Designation/ Position Title	Name of Employer or Business Enterprise	Nature of employment (S:Self-employed; P: Part owner/ stockholder; E: Employee; O: Others,pls specify)	Monthly Income (in Ph Pesos)
<i>Immediate Members of the Family. Please list the siblings (brothers and sisters) who are studying in the next table.</i>						
<i>Other Household Members</i>						

**Siblings in school**

Name of Sibling	Name of School	Total School Fees per year

**2. REAL PROPERTIES**

List all real properties (Lot, building, house, condominium, fish ponds, agricultural land, etc) owned, rented or amortized being used by the family as residence, productive or non-productive enterprise, investment, or as idle lands.

Description of real property (e.g. land, house, condominium unit, etc)	Location (Brgy, Mun./City, Prov)	Area (sq.meters)	Estimated Market Value	Status of Ownership? O- Owned N- Not owned	If not owned, Indicate the monthly rental or amortization
			Total		

**3. VEHICLE OWNERSHIP, POSSESSION, REGULAR USE THEREOF.** Does your family own, possess, use a vehicle?

Yes  No. If yes, how many vehicles do your family own? \_\_\_\_\_. Please list as follows:

Vehicle brand (Toyota, Honda, Cherry, Hyundai, Sarao, etc.)	Type (motorcycle, jeep, sedan, van, etc.)	Displacement (1.3, 1.6, 2.0, etc.)	Year & model

#### 4. ELECTRIC CONSUMPTION

In the past twelve months, what is the average monthly consumption of electricity (in KWH) in your residence?  
\_\_\_\_\_

#### OTHER INFORMATION

How many of the following are living with or working full-time for your family?

\_\_\_\_\_ Housemaid      \_\_\_\_\_ Houseboy      \_\_\_\_\_ Yaya      \_\_\_\_\_ Cook      \_\_\_\_\_ Driver      \_\_\_\_\_ Gardener  
\_\_\_\_\_ Security Guard      \_\_\_\_\_ Laundry person/clothes presser      Others, please specify \_\_\_\_\_

Does your family own or possess any of the following?

Appliance	No. of Working Units	
Stereo/audio system		
Karaoke/Magic Microphone		
Piano/organ		
Cell phone		
Television set		
Luxury Bike		
Video camera		
Cooking range with oven		
Microwave oven		
Refrigerator		
Upright or chest-type freezer		

Appliance	No. of Working Units	
Washing machine		
Heated electric clothes dryer		
Electric water heater		
Electric water pump and tank		
Air conditioner		
Desktop personal computer		
Notebook/laptop personal computer		
Netbook personal computer		
Computer game system (e.g. Wii, Playstation, Gameboy)		
Others, please specify		

Does your family subscribe to the following?

Cable or satellite TV	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Internet subscription	<input type="checkbox"/> Yes <input type="checkbox"/> No	

How many toilet and bath are there in your house? \_\_\_\_\_

Is any of your parent(s), legal guardian a member/officer of any of the following?

Sports, Health& Country Club (e.g. Manila Polo Club, Makati Sports Club, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social, Civic or Service Organizations (e.g. Rotary, Lions, Kiwanis, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional Association (e.g. Phil. Medical Association, Integrated Bar of the Phils., Phil. Institute of Civil Engineers, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Organization (e.g. Pampanga Chamber of Commerce, Makati Business Club, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Others, please specify		

Have you or any member of your family traveled abroad in the last two years? Yes No. If yes, please complete the following:

Family members who traveled abroad	Year of travel	Destination	Purpose

Guardian's Name (If not living with parents): \_\_\_\_\_ Relation: \_\_\_\_\_

Parent's/Guardian's Mailing Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email Address: \_\_\_\_\_

I hereby certify that I have read and understood all the instructions in this application form and that all information written herein is complete and accurate. I am aware that any false information furnished in this application will make me ineligible for scholarship categorization or subject to dismissal.

I hereby attest to the veracity and completeness of all information which my son/daughter/dependent has written in this application form. I am aware that any false information furnished in this application will make my child/ward ineligible for scholarship categorization or subject to dismissal.

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Name and Signature of Student  
Date \_\_\_\_\_

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Name and Signature of Parent/Guardian  
Date \_\_\_\_\_