

ASSUMPTION COLLEGE San Lorenzo Village, Makati City SCHOLARSHIP PROGRAM

SCHOLARSHIP APPLICATION FORM

LEGAL NAME OF APPLICANT _

Last Name

First Name

Middle Name

Instructions:

Applicants should accomplish this form truthfully and completely in the presence and with the help of her parents or guardian. All information regarding the application will be kept confidential. <u>Academic scholarship</u> applicants only need to submit their report cards and certification of valedictorian or salutatorian status signed by the High School principal. <u>Athletic scholarship</u> applicants need to submit their grades and endorsements from the team coach and Athletics Head. <u>Financial aid</u> applicants need to submit the following:

- <u>For employed parents</u> certificate of employment and remuneration from employer of both parents; <u>For self-employed parents</u> a business description and most recent financial statement; <u>For retired parents</u> a certification stating the amount of retirement/separation benefits; <u>For unemployed parents</u> Certification of Non-filing of ITR and latest utility bills
- b. Photocopy of Latest Income Tax Return (ITR) of each employed / self-employed parent
- c. Photocopy of HS Form 138 (report card) for incoming freshman and grades of the previous semester for upperclassmen
- d. 2 recommendation letters (preferably from school authorities of previous school or Department Chairperson, Guidance Counselor, or Professor)
- e. Personal letters from both applicant and parent/s explaining the need for financial assistance.

FORMS WITH INCOMPLETE REQUIREMENTS WILL NOT BE PROCCESSED

SCHOLARSHIP GRANT APPLIED FOR: (Please Check)

Acader	nic Scholarship	Fina	ncial Aid	
Athletic	Athletic Scholarship		cial Scholarship	
	Dormitory Ass			
	PERSONAL INFROM			
Nickname	Birth Date		Age	Sex
City Address			Tel No/s	
Provincial Address			Tel No/s	
Mobile No/s.	E-m	nail Address		
Course Applied: 1st Option		2 nd Option		
Name and Address of High School				
Did applicant enjoy any scholarship value per year		• •	se specify and indic	ate the monetary
Has the applicant applied for other s	scholarships? What	at kind of scholars	ship?	
In what school/s?				
If the applicant is from the province,	, where will she live during he	er studies at AC?		
Please indicate the name and addre				
If the applicant is not given the gran	t, will she still pursue college	education?		

Recent 2 x 2 photo with name tag

School / Community Involvement/s and Awards Received	(Please sp	becify dat	es)
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What are the applicant's goals in college and plans after finishing your studies? (Maximum of 2 paragraphs) FAMILY BACKGROUND _____ Age (Indicate if deceased) Father's Name _____ Highest educational attainment ______ Occupation _____ Position _____ Employer / Firm _____ No. of years in the firm ______ Annual Gross Income _____ If self-employed, nature of work _____ Amount of commission, fees, allowances If unemployed, please state last employment and reason of unemployment Age (Indicate if deceased)_____ Mother's Name Highest educational attainment ______ Occupation _____ Position _____ Employer / Firm _____ No. of years in the firm ______ Annual Gross Income _____ If self-employed, nature of work Amount of commission, fees, allowances _____ If unemployed, please state last employment and reason of unemployment ______ Guardian _____ Address _____ Tel No. _____ _____ Married & living together Status of parents _____ Separated Widow / Widower _____ Single parent _____ Remarried Number of children in the family _____ (please include applicant) Children no longer in school Highest Civil Residing w/ Educational Employer / Firm Position in the Gross Annual Name Age you? Attainment Status Firm Income Children still in school (please include applicant) Name Age Civil Grade / Year School Yearly Tuition and Amount paid by parents Status Fees

Financial Status

(ACADEMIC AND ATHLETIC SCHOLARSHIP APPLICANTS MAY OPT TO SKIP THIS PORTION)

Please provide the following data as completely and honestly as possible. Otherwise, your application will be considered INCOMPLETE, thus, will not be processed. Put NA if not applicable. Please check the items owned and/or acquired by the family, indicate number if more that one.

ltems	Owned	ACQUIRED within the last 2 years	ltems	Owned	ACQUIRED within the last 2 years
Vehicle (specify:)		DVD / VCD player		
Home Entertainment System			Refrigerator		
Air-conditioning unit			Gas Range		
Telephone			Oven toaster		
Mobile phone			Microwave Oven		
Compact Disc Player			Coffee Maker		
Piano / Organ			Freezer		
Television set			Washing Machine		
Video Camera			Desktop / Laptop		
Play station / PSP					

GROSS INCOME (yearly in pesos)	FAMILY EXPENSES (monthly budget)
Combine Annual Salary	Food / Grocery
Father & Mother	House Rent / Amortization
Brothers & Sisters	Electricity, Gas, Water
Profit on Business	Telephone, Mobile Phone
Profit on Rentals on Lands	Clothing, Uniform
Rentals on Residences/Buildings	Transportation
Commissions	Helper / Driver
Financial Support from Relatives	Medicines
Retirement Benefits / Pension	Loan Amortization
Others	Others (Specify)
Sub-total	Sub-total (X 12 months)
TOTAL GROSS ANNUAL INCOME	TOTAL ANNUAL EXPENSES

OTHER SOURCES OF INCOME

Do you have / own a business/home industry?	What kind?	No. of employees
When has the business started?	Capital invested	Annual Net Profit
Do you have plantations/fishponds?	Area	es of crops / fish produces
No. of workers No. of harvest	s Ap	proximate Annual Net Profit

RESIDENCE

Loc	ation				□ House	🗆 Apa	rtment	Others		
Rer	nted?	_ Owned?	Size d	of lot	Flo	oor Area i	n square	e meter		
a.	If rented, how lo	ng have you s	tayed in this	place?			Mont	thly rent		
	If owned, name of									
	acquired when		cost whe	n acquired			present i	market value		
	amount of unpaid	mortgage			monthly mor	tgage payl	ment			
	when is total mort	gage due?			months / yea	ars delayed	d in mortg	age paymen	t	
	no. of bedrooms _	no	of baths/toilet	s	_ no. of head	s in the ho	ousehold		helper/s?	
	you have / own oth Description	er properties (re Locatio			Va			ent market alue		arly Net come
Dail Hav	er dependents livir y allowance of dau /e you and your far ere to?	ighter nily ever travele	d abroad?		monthly alloc	mes?	V	Vhen?		

Name the person/s other than the immediate family who give/s any form of support to the family and indicate duration and extent of help_

Is there anyone else in the family receiving a scho year and course	ion?	If yes, state the name		
Does the applicant plan to work while studying? How many hours per week?	if yes, who What kind of work? _	ere?		
Are any of your children enrolled under an education grade/year level, total amount of the plan, total amount amount amount of the plan, total amount amount of the plan, tota			ny plan (CAP, PEP, etc.),	
Name two persons in your community (excluding r regarding this application (PLEASE DO NOT LEA)	elatives) whom the so /E THIS PORTION E	cholarship committee may c LANK)	contact for any possible inquiry	
NAME ADDRESS		SS	CONTACT NUMBER/S	
We hereby certify that all written inform hold them as verifiable data and that a relevant facts would warrant disapprov	ny misinterpreta	tion of information a	nd non-disclosure of	
Applicants Signature over Printed N	ame		Date	
Father's Signature over Printed Na	ime	Mother's Signati	ure over Printed Name	
DO NO	WRITE BELO	W THIS LINE		
High School Grade	-	Semestral GPA		
Course				
Granted Wai	t-listed	Denie	ed	
Comments				



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 Name of Applicant
 School
 Year and Course

SCHOLARSHIP RECOMMENDATION FORM

INSTRUCTIONS: To the APPLICANT

Write your name and school above. Choose two school authorities who know you and your family's situation well. Give each one a copy of this form together with a long white envelope.

To the PERSON RECOMMENDING

You are asked to provide in this form your own opinions and views on the background of the applicant named above. This recommendation is a necessary prerequisite to the processing of her scholarship application. Please give your honest opinion and complete all the information for the scholarship committee to assess fully the applicant's financial need and academic merit. After accomplishing the form, kindly place it inside the envelope provided, sign across the flap of the envelope and return to the applicant. Unsigned recommendations will not be accepted. Thank you.

How long and in what capacity have you known the applicant?

What for you are the strengths and potentials of the applicant?

In what field does the applicant excel most?

In what ways is she of service to the school and the community?

Is the applicant a recipient of any scholarship grant, financial grant or tuition discount in high school? Please identify.

How do you characterize the financial state of the applicant's family at present? (Please use back of form if necessary)

Do you think the applicant is fit to study in Assumption as a scholar? Why?

Do you think the applicant can pursue college education without a scholarship? Why?

RECOMMEND	ATION			
I	strongly recommend the applicant for		_ Full Scholarship	
I	do not recommend the applicant for scholarship		Partial Scholarship	
Printed Name: Position	School	Signature _	Date	



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