

Recent 1"x1"
Photo of
Student
Please write
your name at

Office of STUDENT AFFAIRS



SCHOLARSHIPS & GRANTS APPLICATION FORM

INSTRUCTIONS

1. This application form should be accomplished IN PRINT and COMPLETELY by the scholarship or grant APPLICANT or by the PARENTS/LEGAL GUARDIAN (if applicant is a minor). Write N/A if the information requested is not applicable.
2. Please submit the accomplished form, together with the required documents specified on the attached checklist, at the Office of the Student Affairs, 2nd floor, Archbishop Paciano B. Aniceto Building.
3. Applications with incomplete information and supporting documents will NOT be processed.
4. The University of the Assumption's Scholarships and Grants are extremely limited and are given primarily on the basis of financial need and academic performance. In other words, the scholarships and grants are a way of sharing a burden. Thus, The University of the Assumption expects that families will responsibly carry their part of the burden.

SCHOLARSHIP OR GRANT BEING APPLIED FOR

- Academic Scholarship (for grade school, junior high school and senior high school applicants)
- Honors Scholarship (for incoming freshmen who finished grade 12 with honors)
- President's Lister Cultural Scholarship Bishop Emilio A. Cinense Scholarship (for BSE major In REVE)
- Student Assistantship Athletic Scholarship Bishop Cesar Ma. Guerrero Scholarship (for priests and religious in Pampanga)

PERSONAL INFORMATION

1. Legal Name _____
(Name on Birth Certificate) LAST NAME FIRST NAME MIDDLE NAME (SUFFIX)

2. Permanent Address: _____
Unit/Door Number& Bldg./Apartment Name Block & Lot Number Street Name Subdivision & Barangay

City/Municipality & Province Zip Code Country

If the applicant is from a nearby province, where do you intend to live while studying in the University of the Assumption? Please check one.

- Boarding House with a Relative Others: (Please specify) _____

3. Birth Date: ____/____/____ 4. Age: _____ 5. Gender: M F
mm / dd / yyyy

6. Citizenship: Filipino Dual (specify): _____ Others (specify): _____

7. Telephone Number: _____ 8. Mobile Number: _____ 9. Email Address: _____

EDUCATIONAL INFORMATION

10. Student Number: _____ 11. Academic Program: _____ 12. Year Level: _____

13. To be filled out by applicants for Honors' Scholarship Program:

Senior High School Strand: _____ Name of School: _____

Name of Principal: _____ Name of Guidance Counselor: _____

Honors Received: With Highest Honors With High Honors With Honors

14. APPLICATION DETAILS (To be filled out by applicants for Student Assistantship only)

Reasons for applying for a scholarship or grant	
Basic Office Skills	
Special Skills	
Type of work interested in	

15. FAMILY INFORMATION

	FATHER <input type="checkbox"/> Living <input type="checkbox"/> Deceased	MOTHER <input type="checkbox"/> Living <input type="checkbox"/> Deceased	Guardian/Spouse(if applicable)
Name			
Birthday (mm/dd/yyyy)			
Nationality			
Highest Educational Attainment			
Telephone Number			
Mobile Number			
Email Address			
Occupation			
Company Name			
Monthly Income			

16. Size of Household: _____

17. Number of Siblings: _____

18. Number of Married siblings: _____

19. Number of studying siblings: _____

REFERENCES

11. List down two (2) persons (excluding relatives) who know your family very well and whom the Committee may get in touch with for possible inquiry. Please do not leave blank.

Full Name	Address	Contact Number/s

SIGNED DECLARATION BY THE STUDENT AND PARENTS/LEGAL GUARDIAN

We hereby certify that all information given here is true and correct, and the Office of Student Affairs is hereby authorized to verify the same through an official inquiry if needed. We understand that misrepresentation of information or withholding of information requested in this application form will be considered sufficient reason for disapproval or cancellation of financial aid. We consent to allowing the Office of Student Affairs to disclose data in this application form to potential benefactors of our child/ward.

Signature of Student

Signature of Mother/Father

Signature of Legal Guardian

Date Signed

Date Signed

Date Signed

PLEASE DO NOT WRITE BELOW THIS LINE

NOT APPROVED

WAITLISTED

APPROVED

Director of Office of Student Affairs and Scholarships and Grants In-charge