**FINANCIAL ASSISTANCE
APPLICATION FORM**

1. **Did the applicant enjoy any form of scholarship or financial support in school?**
2. **Yes**  **No**

**If yes, please specify grant and total amount of grant received**

1. **Who finances the applicant’s schooling?**

 **Parents** **Self**

 **Scholarship, please state name and total amount of scholarship**

 **Educational Plan, name of company and plan, and total amount of plan**

 **Others, e.g. relatives, etc.; please state estimated amount of financial support per semester**

1. **Does the applicant have a passport?**

1. **Yes**  **No**

**If yes, please provide the passport number**

1. **Has the applicant travelled outside the country in the last 5 years?**

1. **Yes**  **No**

**If yes, who financed the trip ( check applicable item below)**

 **Parents** **Relatives**

**Siblings** **Others, please specify**

1. **Does any of the applicant's brothers/sisters/stepbrothers/stepsisters contribute to the family’s expenses?**
2. **Yes**  **No**

**Frequency of contribution?**

 **Once a month** **Twice a month** **3-4 Times a month**

**Once in 2 months** **Once in 3 months** **Others**

**How much is the average contribution?**

**Who makes the contributions?**

1. **Does the applicant have any relatives (whether here or abroad) who contribute in meeting the family expenses?**

 **Yes**  **No** **If yes, how much?**

1. **What are the sources of income of the family/household? (please tick all applicable items)?**

**Salaries or wages** **Commissions** **Farms/hacienda/fishponds**

**Retirement Pension** **Business** **Remittances from abroad**

**Real estate rentals** **Dividends/interests/earnings from investments**

**Practice of Profession e.g. Lawyer** **Others**

1. **Does the applicant's family have/own a business/home industry?**

**What kind? No. of employees**  **Capital Invested**

**When was the business started? Amount Net Profit per year**

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| **Financial Need Information****In order for the Selection Committee to understand your financial need, write about yourself and your family explaining why you need financial assistance. You must be honest and complete.**  |

**I hereby certify that all information written in this application is complete and accurate.**

**I understand that misrepresentation of information or withholding of information requested in this form will be considered for disapproval or cancellation of financial assistance.**

**Date of application**

**Applicant’s Signature over printed name**

**Applicant’s Parent/Guardian’s Signature over printed name**