

# FINANCIAL ASSISTANCE APPLICATION FORM

1. Did the applicant enjoy any form of scholarship or financial support in school?

Yes  No

If yes, please specify grant and total amount of grant received \_\_\_\_\_

2. 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 \_\_\_\_\_

3. Does the applicant have a passport?

Yes  No

If yes, please provide the passport number \_\_\_\_\_

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

Yes  No

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

Parents  Relatives

Siblings  Others, please specify \_\_\_\_\_

5. Does any of the applicant's brothers/sisters/stepbrothers/stepsisters contribute to the family's expenses?

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? \_\_\_\_\_

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

Yes  No If yes, how much? \_\_\_\_\_

7. 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 \_\_\_\_\_

8. 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 \_\_\_\_\_

#### 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