



1x1 photo
(recent)

COLLEGE SCHOLARSHIP GRANT APPLICATION FORM

Please READ carefully before filling up this questionnaire

1. **THIS QUESTIONNAIRE SHOULD BE ACCOMPLISHED BY THE PARENTS OR LEGAL GUARDIAN OF THE APPLICANT**
2. Applicants may be called for an interview and subject to background check (i.e. house visit).
3. Application for a scholarship grant does not, in any way, influence admission into the university.

I - DATA ON APPLICANT

(NAME) Surname		Given name		Middle name		Nickname			
DATE OF BIRTH (month/date/year)		Age		Sex		Religion		Civil Status	
COURSE	1st choice			2nd choice			3rd choice		
CITY ADDRESS							Telephone / Cel. No.		
PROVINCIAL ADDRESS							E-mail Address		
JUNIOR HIGH SCHOOL ATTENDED					HONORS/ AWARDS				
SENIOR HIGH SCHOOL ATTENDED					(if transferee) College / University				
HONORS/ AWARDS (specify, e.g. Valedictorian, Salutatorian, Leadership award, Proficiency award, etc.)									
EXTRA CURRICULAR ACTIVITIES									

II - DATA ON PARENTS / GUARDIAN

FATHER		Surname		Given name		Middle name		
EDUCATIONAL ATTAINMENT		High School		College		Graduate / Post Graduate		
OCCUPATION		Company / Employer		Position in the firm		Annual Income		
CITY ADDRESS							Telephone / Cel. No.	
PROVINCIAL ADDRESS							E-mail Address	
JOB-RELATED INCENTIVES		Retirement / Disability (specify amount)		Commissions / Honoraria / Allowance (specify amount)		Other Source of Income (indicate amount and work)		
IF SELF- EMPLOYED		Nature of work / business					Annual Income	
MOTHER		Maiden Surname		Given name		Middle name		
EDUCATIONAL ATTAINMENT		High School		College		Graduate / Post Graduate		
OCCUPATION		Company / Employer		Position in the firm		Annual Income		
CITY ADDRESS							Telephone / Cel. No.	
PROVINCIAL ADDRESS							E-mail Address	
JOB-RELATED INCENTIVES		Retirement / Disability (specify amount)		Commissions / Honoraria / Allowance (specify amount)		Other Source of Income (indicate amount and work)		
IF SELF- EMPLOYED		Nature of work / business					Annual Income	
GUARDIAN		Surname		Given name		Middle name		
EDUCATIONAL ATTAINMENT		High School		College		Graduate / Post Graduate		
OCCUPATION		Company / Employer		Position in the firm		Annual Income		
CITY ADDRESS							Telephone / Cel. No.	
PROVINCIAL ADDRESS							E-mail Address	
JOB-RELATED INCENTIVES		Retirement / Disability (specify amount)		Commissions / Honoraria / Allowance (specify amount)		Other Source of Income (indicate amount and work)		
IF SELF- EMPLOYED		Nature of work / business					Annual Income	

III - RELEVANT INFORMATION

1. What type of financial aid is sought?
 50% tuition only 100% tuition only 100% tuition and miscellaneous fees only others (Please specify) _____
2. Has your child / ward applied for a scholarship grant with any other government agency or private entity / corporation?
 NO YES (Please specify) _____
3. Without a scholarship grant, will you still enroll your child / ward (applicant) in the Ateneo?
 NO YES _____
4. Are there any other people / relatives paying for your child / ward's (applicant) schooling expenses?
 NO YES _____
5. (for PROVINCIAL APPLICANTS only)
 - a. Where will your child / ward be staying for the duration of his / her studies? _____
 - b. How much do you expect to send for his / her board and lodging? _____
6. Other than your child / children, who are the other dependents living with or being supported by you (include name, age, and relationship, and type of support).

7. Write name/s of person/s (relatives, friends, etc.) other than you, who help with the household and other educational Expenses; indicate the extent of financial support (for whom, how much).

8. Information on children (other than the applicant)

A. NO LONGER STUDYING

NAME	AGE	Civil status	Still residing with you? (YES / NO)	Highest educational attainment (degree & school attended)	EMPLOYMENT (company & location)	Position in the firm or Nature of work	Annual gross Income

B. STILL STUDYING (oldest first)

NAME	AGE	Civil status	Grade / Year Level	School	Yearly Tuition (amount)	Tuition paid by whom (Parents, relatives, etc. If a scholar, indicate type and amount)

9. Has any of your children been on scholarship or financial aid at the Ateneo, or has received any form of financial aid from the University in the past? Please indicate names and type of scholarship grant / financial aid.

10. THIS FORM SHOULD BE SUBMITTED WITH THE FOLLOWING:

- A. Detailed personal statement about the need for a scholarship grant / financial aid for your son / daughter / ward
- B. Clear copy of Entrance Test Result
- C. Clear copy of the most recent INCOME TAX RETURNS (of applicant's parents or guardians)
- D. A copy of the applicant's High School Card
- E. Letter of recommendation from an Imam (for muslims), Pastor (for non-catholics) or the Parish Priest (for Catholics)
- F. Detailed Sketch of your residence (complete with house number, street, and other landmarks)

SIGNED DECLARATION BY THE APPLICANT, PARENTS / LEGAL GUARDIAN

We hereby certify that all the information given here is complete, true and correct. Any misrepresentation of information or withholding of information requested in this questionnaire will be considered sufficient reason for cancellation of scholarship. We allow the College Admissions and Aid office to disclose data in this questionnaire, information from the supporting documents we submitted and our child's grade report to benefactors who will potentially fund the scholarship of our child. We authorize the College Admissions and Aid Office to control, use and process all information we provided in any other way necessary to pursue its legitimate interests in relation to our application for scholarship as well as keep the documents that we have provided for historical and statistical purposes. We agree that our consent under this questionnaire shall remain valid until we deliver a revocation in writing to the College Admissions and Aid Office.

FATHER
 (complete name and signature)

MOTHER
 (complete name and signature)