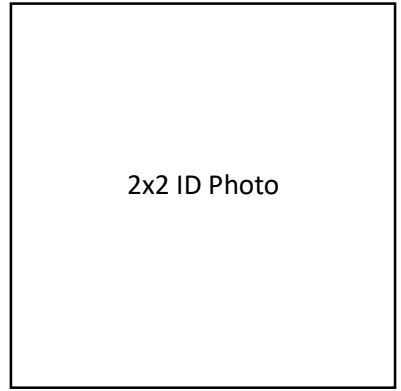




**SCHOLARSHIP APPLICATION FORM**

Academic Year: \_\_\_\_\_  
 Course/Strand Enrolled/Preferred: \_\_\_\_\_  
 Current Year Level: \_\_\_\_\_



2x2 ID Photo

The applicant is applying a scholarship for:  
 Integrated School (Kinder to Grade 10)  
 Liceo De La Salle Senior High School  
 Undergraduate Studies (College Degree)  
 Graduate Programs  
 College of Medicine  
 College of Law

Type of Scholarship you are applying for:  
 Academic  
 Student Assistant (SA)  
 Cultural: \_\_\_\_\_  
 Varsity: \_\_\_\_\_  
 Others: \_\_\_\_\_

USLS ID Number, if applicable:  
 \_\_\_\_\_

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_  
Last First M.I.  
 Home Address: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Contact No.: \_\_\_\_\_ Email Add: \_\_\_\_\_ Sex: \_\_\_\_\_  
 Civil Status: \_\_\_\_\_ Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_

*Please spell out:*  
 JH School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
 SH School Attended: \_\_\_\_\_ Year Graduated: \_\_\_\_\_  
 School Address of SHS: \_\_\_\_\_

For transferee/GSM/Medicine/Law:  
 Previous School Attended: \_\_\_\_\_ Course taken: \_\_\_\_\_

**Family Background:**

	Father		Mother	
Name				
Highest Educational Attainment		Age:		Age:
Position / Occupation				
Company Name				
Company Address				
Status of Employment	[ ]Permanent [ ]Casual /Agency [ ]Self- Employed		[ ]Permanent [ ]Casual /Agency [ ] Self-Employed	
If Self-Employed, kindly indicate nature of business				
Contact Numbers				
Medical Ailment/History				
Status of Parents:	[ ] Married [ ] Widow/Widower [ ] Separated /Annulled		[ ] Single Parent [ ] Co-habit	

Name of Siblings	Age	Civil Status	Student -Yr Level	Status of Employment	Name of School / Name of Company	Yearly Income / Tuition

**Persons/Scholarships that financially support your education:**

	Tuition	Allowance; Kindy indicate amount	Others, please specify
Parents			
Siblings			
Relative/s:			
Employer			

Self  Government Scholarship: Amount: \_\_\_\_\_  
 Educational Plan: \_\_\_\_\_  Other Scholarships, Amount: \_\_\_\_\_

**List other people living with your family.**

NAME	RELATION	*S = in school; W = working; U = unemployed; P = retired & on pension; R = retired but with no pension				
		S	W	U	P	R

**Is the house you are living in**

owned by your parent's employer  rented; monthly rent: \_\_\_\_\_  
 mortgaged (housing loan): amount: \_\_\_\_\_  owned by your parents / grandparents  
 private or government-owned property  others (please specify) \_\_\_\_\_

**Please check all appliances/vehicles that your family owns:**

speaker/ component  telephone  VCD/DVD player  personal computer  
 refrigerator  air conditioner  bicycle  water dispenser  
 electric fan  electric/gas stove  pedicab  car/pick-up  
 laptop  oven toaster  motorcycle  washing machine  
 TV  turbo broiler  tricycle  microwave oven  
 jeep  others (please specify) \_\_\_\_\_

**Water Source**

City or town water district (ex. BACIWA)  
 Private artesian well (bomba)  Private well (bubon)  
 Public artesian well  Public well

**Light/Electricity Source**

Electric company (ex. CENECO)  
 Electric company, but shared with another family  
 Kerosene lamp  Kinky or candles

**Internet Subscription:**  Internet Fiber  Wireless LTE  Mobile Data Monthly Expense: \_\_\_\_\_

<b>For Student Assistantship Applicants Only:</b>	
Reasons/Special circumstances for applying in Student Assistantship Program?	
Basic Office Skills	
Special Skills	
Type of Work interested in	

I certify that all information written in this application form is complete and accurate. Any falsification of information will automatically nullify my application and/or subject me to dismissal from the University's Scholarship Program.

I also understood that submission of incomplete and incorrect application requirements will nullify my application.

Conforme:

\_\_\_\_\_  
 Signature over Student's Printed Name and Date
 
 \_\_\_\_\_  
 Signature over Parent/Guardian's Printed Name and Date