

Financial Status

(ACADEMIC AND ATHLETIC SCHOLARSHIP APPLICANTS MAY OPT TO SKIP THIS PORTION)

Please provide the following data as completely and honestly as possible. Otherwise, your application will be considered INCOMPLETE, thus, will not be processed. Put NA if not applicable.

Please check the items owned and/or acquired by the family, indicate number if more than one.

Items	Owned	ACQUIRED within the last 2 years	Items	Owned	ACQUIRED within the last 2 years
Vehicle (specify: _____)			DVD / VCD player		
Home Entertainment System			Refrigerator		
Air-conditioning unit			Gas Range		
Telephone			Oven toaster		
Mobile phone			Microwave Oven		
Compact Disc Player			Coffee Maker		
Piano / Organ			Freezer		
Television set			Washing Machine		
Video Camera			Desktop / Laptop		
Play station / PSP					

GROSS INCOME (yearly in pesos)

Combine Annual Salary _____
 Father & Mother _____
 Brothers & Sisters _____
 Profit on Business _____
 Profit on Rentals on Lands _____
 Rentals on Residences/Buildings _____
 Commissions _____
 Financial Support from Relatives _____
 Retirement Benefits / Pension _____
 Others _____
 Sub-total _____

FAMILY EXPENSES (monthly budget)

Food / Grocery _____
 House Rent / Amortization _____
 Electricity, Gas, Water _____
 Telephone, Mobile Phone _____
 Clothing, Uniform _____
 Transportation _____
 Helper / Driver _____
 Medicines _____
 Loan Amortization _____
 Others (Specify _____) _____
 Sub-total (X 12 months) _____

TOTAL GROSS ANNUAL INCOME _____

TOTAL ANNUAL EXPENSES _____

OTHER SOURCES OF INCOME

Do you have / own a business/home industry? _____ What kind? _____ No. of employees _____
 When has the business started? _____ Capital invested _____ Annual Net Profit _____
 Do you have plantations/fishponds? _____ Area _____ Types of crops / fish produces _____
 No. of workers _____ No. of harvests _____ Approximate Annual Net Profit _____

RESIDENCE

Location _____ House Apartment Others _____
 Rented? _____ Owned? _____ Size of lot _____ Floor Area in square meter _____

a. If rented, how long have you stayed in this place? _____ Monthly rent _____
 b. If owned, name of owner _____ Relationship to applicant _____
 acquired when _____ cost when acquired _____ present market value _____
 amount of unpaid mortgage _____ monthly mortgage payment _____
 when is total mortgage due? _____ months / years delayed in mortgage payment _____
 no. of bedrooms _____ no. of baths/toilets _____ no. of heads in the household _____ helper/s? _____

Do you have / own other properties (residential/commercial, etc)? _____

Description	Location / Size	Year acquired	Value at acquisition	Present market value	Yearly Net income
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Other dependents living in the house _____
 Daily allowance of daughter _____ monthly allocation for school expenses _____
 Have you and your family ever traveled abroad? _____ How many times? _____ When? _____
 Where to? _____ Reason/s for travel _____

Name the person/s other than the immediate family who give/s any form of support to the family and indicate duration and extent of help _____

Is there anyone else in the family receiving a scholarship from Assumption? _____ If yes, state the name, year and course _____

Does the applicant plan to work while studying? _____ if yes, where? _____
How many hours per week? _____ What kind of work? _____

Are any of your children enrolled under an educational plan? Please give name of the child, company plan (CAP, PEP, etc.), grade/year level, total amount of the plan, total amount still payable and school year applicable.

Name two persons in your community (excluding relatives) whom the scholarship committee may contact for any possible inquiry regarding this application (PLEASE DO NOT LEAVE THIS PORTION BLANK)

NAME	ADDRESS	CONTACT NUMBER/S
_____	_____	_____
_____	_____	_____

We hereby certify that all written information given in this questionnaire is true and correct. We hold them as verifiable data and that any misinterpretation of information and non-disclosure of relevant facts would warrant disapproval or cancellation of this application.

Applicants Signature over Printed Name

Date

Father's Signature over Printed Name

Mother's Signature over Printed Name

----- **DO NOT WRITE BELOW THIS LINE** -----

High School Grade _____

Semestral GPA _____

Course _____

Granted _____

Wait-listed _____

Denied _____

Comments



ASSUMPTION COLLEGE
 San Lorenzo Village, Makati City
SCHOLARSHIP PROGRAM

Name of Applicant _____ School _____ Year and Course _____

SCHOLARSHIP RECOMMENDATION FORM

INSTRUCTIONS:

To the APPLICANT

Write your name and school above. Choose two school authorities who know you and your family's situation well. Give each one a copy of this form together with a long white envelope.

To the PERSON RECOMMENDING

You are asked to provide in this form your own opinions and views on the background of the applicant named above. This recommendation is a necessary prerequisite to the processing of her scholarship application. Please give your honest opinion and complete all the information for the scholarship committee to assess fully the applicant's financial need and academic merit. After accomplishing the form, kindly place it inside the envelope provided, sign across the flap of the envelope and return to the applicant. Unsigned recommendations will not be accepted. Thank you.

How long and in what capacity have you known the applicant?

What for you are the strengths and potentials of the applicant?

In what field does the applicant excel most?

In what ways is she of service to the school and the community?

Is the applicant a recipient of any scholarship grant, financial grant or tuition discount in high school? Please identify.

How do you characterize the financial state of the applicant's family at present? (Please use back of form if necessary)

Do you think the applicant is fit to study in Assumption as a scholar? Why?

Do you think the applicant can pursue college education without a scholarship? Why?

RECOMMENDATION

_____ I strongly recommend the applicant for

_____ Full Scholarship

_____ I do not recommend the applicant for scholarship

_____ Partial Scholarship

Printed Name: _____

Signature _____

Position _____

School _____

Date _____



ASSUMPTION COLLEGE
 San Lorenzo Village, Makati City
SCHOLARSHIP PROGRAM

Name of Applicant _____ School _____ Year and Course _____

SCHOLARSHIP RECOMMENDATION FORM

INSTRUCTIONS:

To the APPLICANT

Write your name and school above. Choose two school authorities who know you and your family's situation well. Give each one a copy of this form together with a long white envelope.

To the PERSON RECOMMENDING

You are asked to provide in this form your own opinions and views on the background of the applicant named above. This recommendation is a necessary prerequisite to the processing of her scholarship application. Please give your honest opinion and complete all the information for the scholarship committee to assess fully the applicant's financial need and academic merit. After accomplishing the form, kindly place it inside the envelope provided, sign across the flap of the envelope and return to the applicant. Unsigned recommendations will not be accepted. Thank you.

How long and in what capacity have you known the applicant?

What for you are the strengths and potentials of the applicant?

In what field does the applicant excel most?

In what ways is she of service to the school and the community?

Is the applicant a recipient of any scholarship grant, financial grant or tuition discount in high school? Please identify.

How do you characterize the financial state of the applicant's family at present? (Please use back of form if necessary)

Do you think the applicant is fit to study in Assumption as a scholar? Why?

Do you think the applicant can pursue college education without a scholarship? Why?

RECOMMENDATION

_____ I strongly recommend the applicant for

_____ Full Scholarship

_____ I do not recommend the applicant for scholarship

_____ Partial Scholarship

Printed Name: _____

Signature _____

Position _____

School _____

Date _____