



APPLICATION FORM FOR STUDENT ASSISTANTSHIP  
(NEW APPLICANT)

Document No. : FM-SF-05-01

Effective Date: July 28, 2017

**CENTER FOR SCHOLARSHIPS AND FINANCIAL ASSISTANCE**

Muralla St., Intramuros Manila, Tel. No. 2475000 (loc 1203)

**PERSONAL DATA**

|                                                                                                                                            |                             |                |                                |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|----------------|--------------------------------|---------|-------------|--|
| Name                                                                                                                                       |                             |                |                                | 2" x 2" |             |  |
| Surname                                                                                                                                    |                             | First Name     |                                |         | Middle Name |  |
| Student Number                                                                                                                             | Program of Study & Year     |                | Existing Scholarship/s, if any |         |             |  |
| Remaining Units Including This Term                                                                                                        | Remaining Terms to Graduate |                | RCBC Account Number            |         |             |  |
| Date of Birth                                                                                                                              | Age                         | Place of Birth | E-mail Address                 |         |             |  |
| Citizenship                                                                                                                                | Gender                      | Civil Status   | Religion                       |         |             |  |
| Address in Metro Manila                                                                                                                    |                             |                | Contact Number/s               |         |             |  |
| Residing at: <input type="checkbox"/> Boarding House <input type="checkbox"/> Parent's House <input type="checkbox"/> With Guardian: _____ |                             |                |                                |         |             |  |
| Permanent/ Provincial Address:                                                                                                             |                             |                | Contact Number/s               |         |             |  |

**FAMILY BACKGROUND**

|                                                                                                         |                   |                                            |                                       |
|---------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------|---------------------------------------|
| <b>Father's Name</b>                                                                                    |                   |                                            | Age                                   |
| Occupation                                                                                              | Net Annual Income |                                            |                                       |
| Home Address                                                                                            | Contact Number/s  |                                            |                                       |
| Name of the Company of Business/Address                                                                 | Contact Number/s  |                                            |                                       |
| <b>Mother's Name</b>                                                                                    |                   |                                            | Age                                   |
| Occupation                                                                                              | Net Annual Income |                                            |                                       |
| Home Address                                                                                            | Contact Number/s  |                                            |                                       |
| Name of the Company of Business/Address                                                                 | Contact Number/s  |                                            |                                       |
| <b>Brothers/ Sisters</b><br>(use extra sheet of paper if necessary)                                     | Age               | School/ Location or<br>Occupation/ Company | Program Presently Taking/<br>Finished |
| Name                                                                                                    |                   |                                            |                                       |
|                                                                                                         |                   |                                            |                                       |
|                                                                                                         |                   |                                            |                                       |
| Total Number of Sibling/s: _____ Number of Working Sibling/s: _____ Number of Studying Sibling/s: _____ |                   |                                            |                                       |

**EDUCATION - Secondary Level**

|                         |                 |
|-------------------------|-----------------|
| School/ Location        | Year Graduated  |
| Honors/ Awards Received | General Average |

**MATRIX OF GRADE WEIGHTED AVERAGE**

| Year Level | General Weighted Average |          |          |          | Scholarship Grants/ Financial Assistance Received |
|------------|--------------------------|----------|----------|----------|---------------------------------------------------|
|            | 1st Term                 | 2nd Term | 3rd Term | 4th Term |                                                   |
| 1st Year   |                          |          |          |          |                                                   |
| 2nd Year   |                          |          |          |          |                                                   |
| 3rd Year   |                          |          |          |          |                                                   |
| 4th Year   |                          |          |          |          |                                                   |

**Reason/s for Availing Student Assistantship:****Current Membership in Organizations** ( in Mapúa and off-campus)/ Extra - Curricular Activities

| Name of Organization/s | Position |
|------------------------|----------|
| 1) _____               | _____    |
| 2) _____               | _____    |
| 3) _____               | _____    |

*I hereby certify that the above information is true and correct. Any misinterpretation of facts will render this form invalid and will immediately disqualify my application to this student assistantship. I also allow Mapúa to use the said information for legitimate purposes specifically in relation to my application for student assistantship, and allow the processing of said information only by authorized personnel in accordance with the Data Privacy Policy of the University.*

\_\_\_\_\_  
Student's Signature above Printed Name\_\_\_\_\_  
Date Submitted**Screened by:**\_\_\_\_\_  
Scholarship Coordinator**Reviewed by:**\_\_\_\_\_  
Financial Assistance Officer**Noted by:**\_\_\_\_\_  
Dean of Admissions and International Programs**Other Requirements:**

- ☐ One 2x2 ID Picture
- ☐ Latest Income Tax Return of Both Parents or Affidavit of Non-Filing Income Tax Return. If OFW, copy of contract or any proof of income
- ☐ Photocopy of Latest Certification of Matriculation (CM)
- ☐ Photocopy of Final Grade Report for last 2 terms
- ☐ Certificate of Good Moral Character
- ☐ Certificate of Good Health
- ☐ Parents' Letter of Consent

**Approved by:**\_\_\_\_\_  
Immediate Head's Signature over Printed Name\_\_\_\_\_  
Position - Department