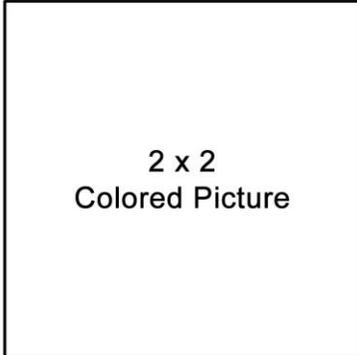




De La Salle Santiago Zobel School

University Ave., Ayala Alabang Village
Tel Nos.: 842-8480/ 771-3579 loc. 748
Email: idco@zobel.dlsu.edu.ph
Website: www.dlszobel.edu.ph



(As stated in Birth Certificate, please print or type)

Surname

First Name

Middle Name

Nick Name

Gender Male Female

Date of Application _____

GRANT APPLICATION FORM

Kindly answer all the information asked for. Write "NA" on the blank if the question does not apply to you or your situation. PRINT OR TYPE YOUR ANSWERS.

Submit filled out form together with the following documents to Institutional Development and Communications Office (IDCO), Administration Building:

1. Report Card for the immediate past school year
2. ITR (past year) of Parents/guardians
3. Certificate of Income of Parents/guardians issued by employer
4. Certificate of Registration/Business Tax (for parents/guardians engaged in their own business)
5. Accomplished recommendation from by Coach/Moderator (for Performing Arts/Athletic Scholars)
6. Letter of Intent by Parents/Guardians (for Br. V. Felix Masson FSC Student Financial Assistance)
7. Meralco Electric Bill for the last 3 months

Tick the grant you are applying for:

- () Br. V. Felix Masson FSC Student Financial Scholarship
- () St. Br. Miguel Febres Cordero Arts Scholarship
- () Br. Ceci Hojilla FSC Athletic Scholarship
- () Br. Andrew Gonzales FSC Academic Scholarship
- () Br. Rafael Donato FSC Leadership Scholarship

- () Debbie Decena Memorial Scholarship
- () Francis Luis B. Perlas Memorial Scholarship
- () Scholarship for Children of Military Personnel
- () Brother President Scholarship Program
- () Centennial Star Scholarship

PERSONAL, CONTACT & DOMICILE INFORMATION			
Date of Birth	Age	Place of Birth	
Home Address	Home Phone	Mobile Phone	Email Address
Do your parents own the house you live in? () YES () NO	If Yes, how much is the monthly amortization (if any)? _____ How much realty tax do your parents pay annually? _____ If No, name of owner _____ What is your relationship to the owner? _____ Do you stay in an apartment / boarding house / a room for rent? If Yes, Address _____		
FAMILY INFORMATION *Please attach a letter from either of your parents explaining your current financial need and the reasons for such need. If either parent or both are deceased, please attach a photocopy of death certificate/s. <i>(Supply the indicated information on your family, including the required documents or proofs of income.)</i>			
RELATION	FATHER		MOTHER
Name			
Age			
Civil Status			
Mailing Address			
Educational Attainment			
School or College			
Occupation			
Name of Employer			
Contact Number			
Average Monthly Income	*		*

Are both your parents still living together? () YES () NO

If No, with whom are you staying? _____

Are you receiving financial support from the other parent? _____

SIBLINGS (Please attach additional sheet if necessary.)

RELATION	SIBLING 1	SIBLING 2	SIBLING 3
Name			
Age			
Civil Status			
Educational Attainment			
School or College			
Occupation			
Name of Employer			
Telephone Number			
Average Monthly Income			

OTHER DATA

How many household help are living with your family?

Househelp	Number	Monthly Salary
Maid/Helper		
Yaya		
Laundrywoman		
Houseboy		
Cook		
Driver		

Does your family have any of the following appliances/facilities? (Please indicate the number of units.)

Appliance	Number	Appliance	Number	Appliance	Number
Television		Washing Machine		Rice cooker	
Stand/Desk Fan		Air conditioner		Blender/Osterizer	
DVD Player		Extension Phone		Gas Range w/ oven	
Piano/electric organ		Toaster		Micro wave oven	
Camera		Video Camera		Vacuum cleaner	
Stereo		Laptop		Refrigerator	
Ipad		Desk top		Freezer chest	
Ceiling fan		Mobile phone		Floor polisher	

Does your family have any motor vehicle? Please indicate the number, manufacturer & model?

Vehicle	Number	Manufacturer	Model

Have you availed of any scholarship or grant? () YES () NO

If Yes, please indicate which level () Grade School () High School

please state name of scholarship _____

How long (in terms of school years) were you a grantee? _____

How did you learn of DLSZ's scholarship/financial assistance program? (Tick all that apply.)

- | | | |
|---------|-------------------------------------|--|
| Through | () DLSZ website | () Other websites (Pls. specify) _____ |
| | () Inquired by visiting the school | () Inquired by email |
| | () Inquired by phone | () Inquired at the Admissions Office |
| | () Teacher | () Friend |
| | () Counselor | () Acquaintance |
| | () Principal | () Advertisements/posters posted in my school |

VICINITY SKETCH OF RESIDENCE (For home visitation)

Draw a map that shows how to get from your residence to DLSZ. Indicate landmarks and names of major streets and use an "X" to mark your house in the map.



CONFORME

*Carefully read and understand the following conforme before you
print your name and sign above it.*

We hereby certify, that the information given herein and in the accompanying documents is complete and accurate. We also hereby authorize the Scholarship Adviser or her representative to check on the veracity of the information and authenticity of the documents we have submitted.

We are aware that any falsification or withholding of information will automatically nullify the application. Furthermore, if such falsification or withholding of information on our part is discovered after having been awarded financial assistance, we will be required to reimburse the school all tuition discounts and or necessary fees that have been subsidized by the school.

Printed Name & Signature of Applicant

Printed Name & Signature of Parents/Guardian

Date: _____