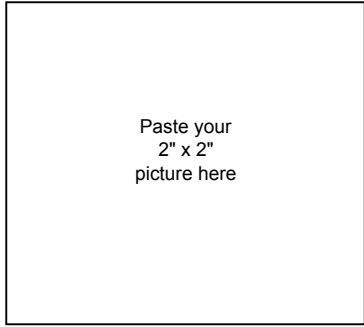




**UNIVERSITY OF ASIA AND THE PACIFIC**  
ADMISSIONS OFFICE



**APPLICATION FORM FOR UA&P UNIVERSITY GRANTS**

School Year \_\_\_\_\_

**Applicant's Name**

(Legal Name in Birth Certificate) \_\_\_\_\_  
Last Name First Name Middle Name Nickname

**School**

(Current/Last Attended) \_\_\_\_\_

Application for: (Check one)

- Merit Scholarship
- Financial Assistance
- Employee Dependent Benefit

Application for:

- Renewal
- New

**Instructions:**

1. Parents or guardians of the student-applicant should accomplish this form correctly and completely. Please check the boxes provided.
2. The following documents must be submitted together with this accomplished form:
  - letter of request from parents/guardian justifying the need for financial assistance
  - clear photocopy of the most recent Income Tax Return of each parent (employed or self-employed) and the tax withheld on compensation certificate of the previous year
  - Original copy of Billing Statement ( PHONE/ / WATER/ ELECTRIC BILLS/ CREDIT CARDS )
  - certifications from current employer of each parent employed or siblings of applicant on the annual gross income (breakdown) – submitted copy must always be original.
  - recommendation form

\_\_\_\_\_ All information are confidential. Inaccurate information given will be a cause for disapproval or cancellation of the grant. \_\_\_\_\_

**I. PERSONAL INFORMATION**

1. High School: \_\_\_\_\_

(For Existing UA&P students) Year and Course: \_\_\_\_\_

2. Home Address: \_\_\_\_\_

3. Mobile Phone No. \_\_\_\_\_ Tel. No.: \_\_\_\_\_

4. Email Address: \_\_\_\_\_ Gender: \_\_\_\_\_ Birthday: \_\_\_\_\_

5. For Provincial applicants, where will the student live during his/her studies in UA&P?

- Dorm / Boarding House
- With Relative
- Own residence in Manila
- Others, please specify

**II. FAMILY BACKGROUND**

Father		Mother
	Name	
	Birthdate	
	Deceased (Yes/ No)	
	Permanent Home Address	
	Zip Code	
	Telephone Number / Fax Number	

	Email Address	
	Highest Educational Attainment	
	Last School Attended	
	Occupation	
	In self-employed, nature of work	
	Number of Years in Business	
	Amount of Capital Investment	
	Annual Gross Income	
	(Annual Commission, fees or allowances)	
	Annual Net Profit	
	If employed,	
	Name of Company / Employer	
	Business Address	
	Position	
	Number of years in the job	
	Annual Gross Income (Salary)	
	Annual Additional Income (Allowances, Per Diem, Bonus)	
	If unemployed;	
	Company last Employed	
	When	
	Reason(s) for being unemployed	

**\* KINDLY DO NOT LEAVE ANY BLANKS**

1. Name of children					
2. Age					
3. Civil Status					
4. Grade / Year Highest Educational Attainment					
5. School					
6. Still residing with you?					
7. If currently enrolled, tuition					
8. Enrolled under educational plan <input type="checkbox"/> Prudential <input type="checkbox"/> Company Benefit <input type="checkbox"/> Others, pls. specify _____					
9. If currently availing a scholarship / financial assistance, indicate the type and amount					
10. If already employed, or has own business, what is the occupation/position?					
11. Name of company employed in					
12. Annual Gross Income					
13. Helping with expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Household <input type="checkbox"/> School	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Household <input type="checkbox"/> School	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Household <input type="checkbox"/> School	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Household <input type="checkbox"/> School	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Household <input type="checkbox"/> School
14. Indicate other dependents living in the house Specify; _____					

15. Other persons (relatives/friends) who help in the expenses					
16. Are any of the family members under a certain petition to migrate abroad? If Yes; please indicate what country? _____  If No: Does any one plan to migrate / work abroad in the next 1 to 3 years? _____					
17. Educational Amount contributed					
18. Household Amount Contributed					
19. Number of Helper(s) Specify: _____ Salary per helper					
20. Number of Driver(s) Specify: _____ Salary per Driver					

### III. ASSETS

#### A. House and Lot

- Single Detached       Apartment       Condo       Townhouse  
 Owned       Rented       Under Mortgage

1. Location / Address				
2. Size of lot				
3. No. of bedrooms				
4. Number of Toilets				
5. Acquired when?				
6. Cost when acquired				
7. Present Market Value				
8. How long in this place?				
9. Monthly rental				
10. Under what agency				
11. Amount of mortgage				
12. Monthly payment				
13. When total mortgage is due				

#### B. Properties

	Residential	Commercial
1. Description		
2. Location / Address		
3. Size		
4. Date of Acquisition		
5. Acquired Value		
6. Current Market Value		
7. Monthly Net Income		

#### C. Cars / Other Motor Vehicles

Make	Model	Year	Acquisition Cost	Payment terms (Please Check)		
				Fully Paid	Installment	Monthly Payment How much?
1.						
2.						
3.						

**D. Household Items**

Indicate how many	Date Acquired	Acquisition Cost	Fully Paid <input type="checkbox"/> Installment Basis <input type="checkbox"/> Months/Years to Pay _____	Monthly Payment
TV Set				
Laser Disc				
VHS				
Personal Computer				
Refrigerator				
Freezer				
Microwave				
Air conditioner				
Piano				
Electric/Gas Range				
Washing Machine				
Organ				
Cell phone				
Telephone (landline)				
Laptop/Desktop				

**IV. FAMILY FINANCIAL STATUS**

(Kindly complete all sections, otherwise your application will be considered incomplete)

**Monthly Gross Family Income**

1. Total Salary / Income (Father/Mother/Brother/Sister)	Php
2. Income from Business	
3. Income from Land Rentals	
4. Income from residence / Building Rentals/Lease	
5. Retirement / Pension	
6. Commissions	
7. Support from Relative	
8. Bank Deposits: Savings/Current Bank Placements/Investments Bonds/Treasury bills Foreign Currency Deposit Stocks  *Kindly indicate bank branch and balance of account/s as of current month and year.	
9. Others; specify	
<b>TOTAL</b>	Php

**Monthly Gross Family Expenses**

1. House Rental	Php
2. Car Loan Amortization	
3. Other loan Amortization; specify	
4. School Tuition	
5. School Bus Payment	
6. Transportation / Gasoline	
7. Educational Plan Premiums	
8. Insurance Policy Premiums	
9. SSS / GSIS / PAG-IBIG	
10. Withholding Tax	
11. School / Office Uniform / Clothing	
12. Electricity	
13. Telephone / Cell phone	
14. Water	

15. Cooking Gas	
16. Helper (How many?)	
17. Driver (How many?)	
18. Medicines	
19. Health Insurance Premium	
20. Doctor's fee / Consultation	
21. Hospitalization	
22. Grocery	
23. Food	
24. Recreation	
25. Others; specify	
<b>TOTAL</b>	Php

**\*If total expenses is higher than income, kindly justify in your heart how the deficit is covered.**

### C E R T I F I C A T I O N

This is to certify that all the information given is accurate. Ware aware that any false data will be a ground for disapproval or cancellation of a grant. We also authorize the school in charge to verify the information given.

\_\_\_\_\_

Father's signature over printed name

\_\_\_\_\_

Mother's signature over printed name

\_\_\_\_\_

Student / Applicant's signature over printed name

\_\_\_\_\_

Date Signed