



**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 Please use glue or tape only. Don't staple the picture.
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

Father's Name			Age
Occupation		Net Annual Income	
Home Address		Contact Number/s	
Name of the Company of Business/Address		Contact Number/s	
Mother's Name			Age
Occupation		Net Annual Income	
Home Address		Contact Number/s	
Name of the Company of Business/Address		Contact Number/s	
Brothers/ Sisters (use extra sheet of paper if necessary)	Age	School/ Location or Occupation/ Company	Program Presently Taking/ 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
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

Screened by:

 Scholarship Coordinator
Reviewed by:

 Financial Assistance Officer
Noted by:

 Dean of Admissions and Scholarships
Approved by:

 Immediate Head's Signature over Printed Name

 Position - Department