UNIVERSITY OF THE PHILIPPINES
OFFICE OF STUDENT AFFAIRS
STS & Scholarships

APPLICATION FOR SCHOLARSHIP GRANT

2" x 2"
ID PHOTO

_____
(Scholarship/Study Grant being applied for)

Name of Applicant: _____
(Last Name) (First Name) (Middle Name)

Student No.: _____ Course: _____ College: _____ Yr. Level: _____

Please check: Degree course at the time of application? ( ) 1st Degree ( ) 2nd Degree
With intention to shift? ( ) Yes. ( ) No. If yes, please specify which course: _____
Shiftee/Transferee? ( ) Yes. ( ) No. If yes, specify: _____ When: _____
No. of units left at the time of the application: _____
Are you on MRR? ( ) Yes. ( ) No.

Birthplace: _____ Birthdate: _____ Citizenship: _____ Sex: ___ Civil Status: _____
Permanent Address: _____ Zip Code: _____ Tel. No. _____
Present Address: _____ Zip Code: _____ Tel. No. _____
Campus Address: _____ Mobile No.: _____ E-mail: _____

Father's Name: _____ Occupation: _____ Gross yearly salary: _____
If retired, year of retirement: _____ If with pension, state amount received monthly: _____

Mother's Name: _____ Occupation: _____ Gross yearly salary: _____
If retired, year of retirement: _____ If with pension, state amount received monthly: _____

If both parents are unemployed, state reason/s: _____
Source/s of livelihood: _____ Amount earned yearly: _____
Or contributions/support from other sources like relatives, etc.: _____

If self-employed, state type of business: _____ Earnings per year: _____

For Employed Applicants:
State last five (5) years of employment, please start with the most recent:

Employer:	Address/Contact Info.:	Period of Employment:	Reason for Leaving:

For Married Applicants:
Spouse's Name: _____ Occupation: _____ Gross yearly salary: _____

Name of Children:	Age:

For Unmarried Applicants:

Name of Sibling/s:	Age:	Civil Status:	If working/state income:

(Use additional sheets if necessary)

Please answer.

1. Are you currently enjoying any scholarship, financial assistance, or other privileges:
   (a) From the University? Yes. ( ) No. ( )
   (b) Other than from the University? Yes. ( ). No. ( )
   If you answered "yes" to either question, please specify:

Name of Scholarship/Grant	Nature of Scholarship/Grant	Benefits Received:

2. Do your parents: (a) own real property? Yes. ( ) No. ( )
   If "yes", please specify: _____ Current Market Value: _____
   (b) Others. Ex. Cars, stocks, etc.: _____ Current Market Value: _____
3. If applicant's parents are separated, state support received from father and/or mother: _____
4. If applicant is married but separated;
   State if husband/wife is giving support: _____ Amount received: _____

I hereby certify that all statements above are true and correct.

_____
Signature of Applicant

_____
Name in Print

_____
Date

For OFFICE OF SCHOLARSHIPS AND STUDENT SERVICES personnel only:
Date Received: _____
Received by: _____

For **TAMIYA SCHOLARSHIP**:

ELIGIBILITY & ADMISSION REQUIREMENTS. In general, the applicant for the grant must be an incoming freshman with the following qualifications for eligibility:

1. Must have passed the applicable school's Admission Examination and the scholarship qualifying examination of the university
2. Must belong to the top ten (10) of his/her graduating class in high school as evidenced by a certificate signed by the High School Principal or his/her authorized representative
3. The parents combined annual income must not be over ₱100,000.00 as evidenced by a duly submitted BIR Income Tax or must belong to STS Income bracket FD & FDS.
4. Must be of good moral character as certified by his/her High School Principal or his/her authorized representative and must have no Criminal record nor any pending administrative or criminal case
5. Must be a Filipino citizen and a resident of Cebu City or Province
6. Must be single and shall not get married during the course of the scholarship
7. Must not be employed during the course of scholarship
8. Must not be a recipient of any other scholarship or financial aid, including pre-need educational plans
9. Must be physically fit as certified by a qualified physician

DEADLINE OF FILING: _____

/mbm
04.27.11