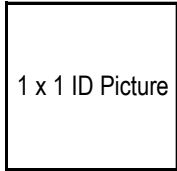


**FORM 1. VBBSP APPLICATION FORM**



Date of Application \_\_\_\_\_

**I. Personal Profile**

Name: \_\_\_\_\_  
 Course & Year: \_\_\_\_\_  
 College/University: \_\_\_\_\_  
 STFAP Bracket: \_\_\_\_\_  
 Permanent Address: \_\_\_\_\_  
 Present Address: \_\_\_\_\_  
 Father's Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Mother's Maiden Name: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

Birth Date: \_\_\_\_\_  
 Gender: \_\_\_\_\_  
 Civil Status: \_\_\_\_\_  
 Citizenship: \_\_\_\_\_  
 Birth Place: \_\_\_\_\_  
 Telephone: \_\_\_\_\_  
 Mobile No.: \_\_\_\_\_  
 Email: \_\_\_\_\_

<b><u>II. Siblings</u></b> <i>(Use additional space if needed)</i>	<i>School Attended/Attending; course</i>	<i>Age</i>	<i>Status</i>	<i>Living with parents?</i>	<i>If studying, state financial support being received(if any) or income if working</i>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**III. Educational Background**

	<i>School Attended</i>	<i>Awards Received (if any)</i>	<i>Scholarships (state benefits and amount)</i>
Elementary:	_____	_____	_____
High School:	_____	_____	_____

**IV. Are you currently enjoying any scholarship?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

<i>Name of Scholarship Grant</i>	<i>Nature of Scholarship Grant</i>	<i>Benefits Received</i>
_____	_____	_____
_____	_____	_____

For Interviewer (Do not fill up)

As of September 13, 2011

**V. Financial Status**

Amount

(Submit latest Income Tax Return, Contract, Certificate of Employment, Appointment Paper and/or Certificate of Indigency)

Annual Gross Family Income \_\_\_\_\_

Other Sources of Financial Support \_\_\_\_\_

Other forms of non-cash support received \_\_\_\_\_

Support from Relatives \_\_\_\_\_

Others \_\_\_\_\_

**VI. Expenses**

**Monthly Household Expenses**

Food (includes your own if staying with parents) \_\_\_\_\_

House Rent \_\_\_\_\_

Electricity\* \_\_\_\_\_

Water\* \_\_\_\_\_

Education (allowance) \_\_\_\_\_

Others \_\_\_\_\_

Total \_\_\_\_\_

(Include utility bills for last three months)

**Student Expenses**

Food (if in a dorm or apartment) \_\_\_\_\_

Dorm Rent (if applicable) \_\_\_\_\_

Allowance \_\_\_\_\_

Others \_\_\_\_\_

Total \_\_\_\_\_

**VII. Description of House\***

1. Ownership \_\_\_\_\_ Owned \_\_\_\_\_ Rented 2. Floor Area \_\_\_\_\_ sq.m

3. No. of bedrooms \_\_\_\_\_ 4. No. of toilets \_\_\_\_\_ 5. No. of bathrooms \_\_\_\_\_

6. Appliances (no.) \_\_\_\_\_ TV \_\_\_\_\_ Refrigerator \_\_\_\_\_ Computer \_\_\_\_\_

Others (please specify) \_\_\_\_\_

7. Description of house (materials used) \_\_\_\_\_

8. Estimated market value \_\_\_\_\_ Pesos

\*subject to verification by VBBSP

*This is to certify that all information included in this document are true. In the event that the VBBSP or my University discovers that false information has been submitted or relevant information has been withheld, the VBBSP reserves the right to reject my application and to make the necessary course of action.*

\_\_\_\_\_  
Name and signature of applicant

\_\_\_\_\_  
Name and signature of parents / guardian

Certified Correct:

\_\_\_\_\_  
Name and signature of  
University Scholarship Officer