

Ateneo de Davao University

Application for Financial Aid

Undergraduate Programs

Please read the following thoroughly and follow these instructions carefully. An application checklist is also provided to assist you in tracking your application progress. The documents you need to attach to your application and steps you need to follow are detailed in this form. You are given one Recommendation Form (**Page 7**) which can be photocopied for the recommending persons below. Give a recommendation form to the person you have asked to recommend you. Please be considerate enough to allow the recommending person sufficient time to complete the form.

Deadline of applications for the first semester study grant is on or before the last Friday of April. For second semester study grant, submit your documents on or before last Friday of October.

STEP 1

| SCHOLARSHIP REQUIREMENTS to ACCOMPLISH | |
|---|--|
| Please attach the requirements and documents in proper sequence. | |
| ANY OF THE REQUIRED DOCUMENTS ARE MISSING. YOUR APPLICATION WILL NOT BE PROCESSED AND WILL BE RETURNED TO YOU. | |
| Submit your application materials in a brown envelope, with your name clearly written at the upper left corner in Surname, First Name format. | |
| <input type="checkbox"/> Completed "Application for Financial Aid" (Pages 2 – 6) | |
| <input type="checkbox"/> Photocopy of the Notice of Acceptance (NOA) from the Admission Director | |
| <input type="checkbox"/> Photocopy of Academic Records <ul style="list-style-type: none"> ➤ For Senior New High School / High School (old curriculum) Graduates: High School Report Card (DepEd Form 138A) ➤ For Transfer Students: Official Transcript of Records ➤ For Current Ateneo Students: Authenticated Collegiate Report Card of previous semester from the Registrar's Office | |
| <input type="checkbox"/> Photocopy of Financial Income Documents <ul style="list-style-type: none"> ➤ For <u>each</u> presently employed parent and unmarried sibling residing with the family: Submit Certification of Compensation Payment/Tax Withheld (BIR Form No. 2316) ➤ For OFW's: Submit a photocopy of employment contract ➤ If parents are self-employed/own a business/home industry, submit the following: a) Detailed description of the nature of work or business; b) Annual Income Tax Return (BIR Form 1700 or 1701); c) If applicable, photo of the building/establishment/place of business and paste on a short bond paper ➤ If parents are retired or retrenched within the past 2 years: Submit a copy of the Certificate of Retirement or Separation with the amount of retirement/separation benefits received ➤ If parent(s) are exempted from filing an ITR: Certificate of No Income. | |
| <input type="checkbox"/> Clear PHOTOS of permanent residence: <u>front view of the whole house and kitchen</u> . Paste photos in <u>Page 6</u> of Application for Financial Aid, duly certified by the Barangay Chairman. <ul style="list-style-type: none"> ➤ If residing in a building/condominium/apartment/boarding house/rented residence: submit a photo of the whole building/area and whole view of the room you are staying. | |
| <input type="checkbox"/> Photocopy of electric bill for the last 3 months <ul style="list-style-type: none"> ➤ If not applicable: Submit a letter, addressed to the Scholarship Committee, indicating reasons for non-paying. | |
| <input type="checkbox"/> Two (2) Recommendation Forms in SEALED envelopes (Form at Page 7) (Unsealed and tampered envelopes will not be considered): <ul style="list-style-type: none"> ➤ For New High School Graduates: a) High School Principal / Prefect of Discipline AND b) Guidance Director / Counselor or Class Adviser ➤ For Transfer Students: a) Director of Student Affairs AND b) Guidance Director/Counselor or former Professor from last college attended ➤ For Current Ateneo Students: a) Director of Student Affairs AND b) Guidance Director/Counselor | |
| <input type="checkbox"/> For applicants who belong to a tribal community / indigenous peoples, please get an additional RECOMMENDATION / ENDORSEMENT LETTER from Ms. Perpy Tio. Office Address: Basement Floor, Finster Building | |

STEP 2

You will be scheduled for an interview by a member of the Scholarship Committee or an assigned professor once your application materials are verified and declared complete.

STEP 3

On the day of the interview, you will be required to write an essay on a topic specified by the Scholarship Committee. Kindly bring necessary writing materials. **PLEASE BE REMINDED THAT NON-APPEARANCE DURING THE SCHEDULED INTERVIEW MEANS CANCELLATION OF YOUR APPLICATION.**

-----✂-----✂-----✂-----✂-----
(Kindly return this portion to the applicant)

| | | | |
|-------------------------------|---------------------------------------|------|-------------|
| NAME of APPLICANT | (Last Name, First Names, Middle Name) | | |
| DATE and TIME SUBMITTED | | | RECEIVED BY |
| Scholarship Interview Details | | | |
| DATE | TIME | ROOM | |

IMPORTANT: Credentials and documents filed in support of this application become the property of Ateneo de Davao University and will not be returned to the applicant.



Ateneo de Davao University
APPLICATION FOR FINANCIAL AID

PHOTO
1" x 1" or 2" x 2"
Glue photo here.
Do not staple.

Please type or print your answers in the space provided. It must be answered completely. THIS FORM CAN BE PHOTOCOPIED.
Please write the initials NA for questions that are not applicable.

APPLYING FOR

- WORKING STUDENT** **REGULAR FINANCIAL AID**
 First Semester **Second Semester** **School Year:**

| | | | |
|---|--|---|--|
| Track | | Strand | |
| Name of Senior High School | | Address of Senior High School | |
| Preferred Degree/Program (First Choice) | Preferred Degree/Program (Second Choice) | Preferred Degree/Program (Third Choice) | |
| Did you apply to government institutions that offers financial assistance or grants? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, please check the institution: <input type="checkbox"/> CHED <input type="checkbox"/> DOST <input type="checkbox"/> STEP <input type="checkbox"/> GSIS <input type="checkbox"/> Others | |
| Did you apply to other external foundation / organization that offers educational scholarship? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, please indicate the foundation(s) or organization(s): | |

PERSONAL INFORMATION

| | | | | | |
|--|--------------------|---|---|--|--|
| 1. Last Name | | 2. First and Middle Names | | Nickname | |
| 3. House No. | Street | Subdivision/Village | Barangay | | |
| Town / City | Province | ZIP | 4. Home Tel No. | | |
| 5. Mobile Phone | | 6. Email Address | | | |
| 7. If applicant is from the province, please indicate the address and where he/she is staying in Davao City during his/her studies at Ateneo: <input type="checkbox"/> Boarding House <input type="checkbox"/> With a Relative <input type="checkbox"/> Others, please specify: _____ Address: _____ | | | | | |
| 8. Religion | 9. Citizenship | 10. Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | 11. Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married | |
| 12. Date of Birth (MM/DD/YYYY) | 13. Place of Birth | 14. Do you belong to a Tribal Community? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | | 15. What Tribe? | | | |
| 16. Name and Address of Grade School | | | 17. Name and Address of High School | | |
| 18. Awards Received in High School | | | 19. Name & Address of College or University (If Transfer Student) | | |
| 20. Skills | | | 21. Any Work Experience | | |

DATA ON FAMILY

| | | | | | |
|--|--|---|--|------------------------------|--|
| 22. If parents are not married, please check which is applicable: <input type="checkbox"/> Single Parent <input type="checkbox"/> Separated <input type="checkbox"/> Widowed/Widower | | | | | |
| 23. Father's Complete Name | | Birthdate (MM/DD/YYYY) | | If Deceased, When? | |
| Occupation (If self-employed, describe nature of work) | | Position | | Name of Company / Employer | |
| Annual Income (check if it matches with Income Documents submitted) | | Any commissions, fees, allowances or other benefits received? (example: Company laptop) | | No. of years in the company? | |

| | | | |
|--|--|---|------------------------------|
| If unemployed, please state when last employed and reason for unemployment now | | | |
| 24. Mother's Complete Name | | Birthdate (MM/DD/YYYY) | If Deceased, When? |
| Occupation (If self-employed, describe nature of work) | | Position | Name of Company / Employer |
| Annual Income (check if it matches with Income Documents submitted) | | Any commissions, fees, allowances or other benefits received? (example: Company laptop) | No. of years in the company? |
| If unemployed, please state when last employed and reason for unemployment now | | | |

| 25. Siblings still in school (EXCLUDING APPLICANT) or not yet studying: | | | | | | | |
|---|--------------|--|---------------------------------------|--------------------------------|--|--|---------------------------|
| Name | Age | Civil Status | Grade/Year | School | Yearly Tuition & Fees | Amount Covered by Scholarship (if any) | Amount Covered by Parents |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 26. Siblings who are no longer in school / employed: (Make sure Income Documents of each employed sibling are present) | | | | | | | |
| Name | Age | Civil Status (Include no. of dependents?) | Still Residing with You? | Provides Financial Assistance? | Where Employed? (If unemployed, state reason.) | Position | Annual Gross Income |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 27. Other adult persons (EXCLUDING PARENTS AND SIBLINGS) living with the family: | | | | | | | |
| Name | Relationship | Civil Status (include no. of dependents living with you) | Financially Supporting the Household? | How much, if applicable? | | | |
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |

PERSONAL EXPENSES and FAMILY FINANCIAL INFORMATION

| 28. How much is your daily allowance? | | 29. Are you satisfied with your allowance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | 30. Mode of Transportation to School <input type="checkbox"/> Public Transport <input type="checkbox"/> Private Car <input type="checkbox"/> Others: _____ | |
|--|--|---|-----------------------------------|---|--|
| 31. Daily Food Expenses | 32. Daily Food Intake <input type="checkbox"/> Adequate <input type="checkbox"/> Inadequate | | 33. Daily Transportation Expenses | | 34. Other Personal Expenses <input type="checkbox"/> Internet: P <input type="checkbox"/> Project: P <input type="checkbox"/> Others: P |
| 35. Do you have personal savings for the past three (3) months? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | If yes, how much have you saved? P | |
| 36. Does your family have other sources of income? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | 37. What kind? | | 38. Income per Month |
| 39. Assets Owned by the Family | | | | | |
| <input type="checkbox"/> HOUSE (including the one you are living in) How many? | | If answer is NO, is your house? <input type="checkbox"/> Rented | | Who is the owner? Monthly Rent | |
| | | If answer is NO, is your house? <input type="checkbox"/> Owned by Somebody Else | | Who is owner? Relationship to the Owner | |
| <input type="checkbox"/> LOT (including the one your house is located) How many? | | If answer is NO, is your lot? <input type="checkbox"/> Rented | | Who is the owner? Monthly Rent | |
| | | If answer is NO, is your lot? <input type="checkbox"/> Owned by Somebody Else | | Who is the owner? Relationship to the Owner | |
| <input type="checkbox"/> CAR How many? | | <input type="checkbox"/> JEEP How many? | | <input type="checkbox"/> MOTORCYCLE How many? | |
| <input type="checkbox"/> HEAVY EQUIPMENT How many? | | | | | |
| 40. Other Properties Owned | | | | | |
| Description | Uses | Size / How Many? | Acquired When | If any, Monthly Income? | |
| 1 | | | | | |
| 2 | | | | | |
| 41. Household Appliances Owned by the Family | | | | | |
| | Quantity | Acquired When? | Acquisition Cost | Monthly Payment | Remarks |
| 1 Telephone | | | | | |
| 2 Television Set(s) | | | | | |
| 3 VCD / DVD Player(s) | | | | | |
| 4 Component System / Videoke | | | | | |
| 5 Airconditioner(s) | | | | | |
| 6 Desktop Computer | | | | | |

| | | | | | |
|----------------------------|--|--|--|--|--|
| 7 Laptop Computer | | | | | |
| 8 Refrigerator / Freezer | | | | | |
| 9 Gas Stove / Oven | | | | | |
| 10 Washing Machine / Dryer | | | | | |

OTHER INFORMATION

| | | | |
|---|----------------------------------|---|--------------------------------|
| 42. Have you had financial difficulty for the last three months? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 43. What were the reasons of your financial problem? (You may check as many) | | If not indicated, please write here other reasons: | |
| <input type="checkbox"/> School Expenses <input type="checkbox"/> Insufficient Parents' Income <input type="checkbox"/> Problem in Budget Management <input type="checkbox"/> Parents' Unstable Income | | | |
| 44. How does your family cope with the financial difficulties? (You may check as many) | | If not indicated, please write here other ways to cope with the difficulty: | |
| <input type="checkbox"/> Borrow money from friends/relatives <input type="checkbox"/> Loan from banks/cooperatives/financial institutions <input type="checkbox"/> Give promissory notes <input type="checkbox"/> Pawn or Sell valuables | | | |
| 45. Did the applicant enjoy any form of financial aid in high school? | | If yes, what kind/how much? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 46. What is your perception of your family's economic status? <input type="checkbox"/> Lower Class <input type="checkbox"/> Middle Class <input type="checkbox"/> Upper Class | | | |
| 47. Are you willing to render community service as counterpart of the grant that may be given to you? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| 48. Preferred Course (First Choice) | Preferred Course (Second Choice) | Preferred Course (Third Choice) | |
| | | | |
| 49. List down two (2) persons who know you well and can make an objective assessment of your abilities and skills for undergraduate work: | | | |
| Name | Position | Institution | Contact Number & Email Address |
| 1 | | | |
| 2 | | | |

APPLICANT'S AFFIDAVIT OF AGREEMENT

- I certify that I have read and understood all the questions set forth in this financial assistance application and the answers I have furnished on this form are true and correct to the best of my knowledge and belief;
- I also hereby authorize the University to verify the same through an official inquiry, if needed. I understand that any false or misleading statement may result in the refusal of admission into the University and/or non-qualification for a grant;
- I understand that possession of an educational pre-need plan or other scholarship grants outside Ateneo automatically voids or affect the outcome of this application;
- I understand that I have the obligation to submit all the required documents by the University and that failure on my part to comply may mean the denial of my application;
- I also understand that the grant applied for is a matter of privilege, and thus not a demandable right;
- I understand that the results of the application and minutes of the deliberations of the Scholarship Committee are confidential thus I have no right to demand for any information relating thereto;
- I hereby waive any and all actions against the Ateneo de Davao University, or any of its officers and administrators, in the event of the denial of my application.

| | |
|---|--------------------------------------|
| Applicant's Signature over Printed Name | Date Signed (MM-DD-YY) |
| FATHER'S SIGNATURE over Printed Name | MOTHER'S SIGNATURE over Printed Name |

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Ateneo de Davao University

E. Jacinto Street, 8016 Davao City Philippines

Tel (63)(82) 221.2411 local 8303 / 8374 * Fax (63)(82) 226-4116 * Email: admissions@addu.edu.ph * www.addu.edu.ph

The information you provide on this form is collected under the authority of the *University Scholarship Committee Guidelines* to determine if the applicant may be qualified to be granted financial assistance. It will be stored in the Scholarship Information Bank Records and Case File. It is protected and accessible under the applicable privacy laws and the access to information laws of the Republic of the Philippines.

51. Please make a sketch or directional map to your home in the space provided below. Indicate landmarks and signs to help the Scholarship Committee locate your house in case of home visit and inspection.

A large, empty rectangular box with a thin black border, occupying most of the page. It is intended for the student to draw a sketch or directional map to their home, including landmarks and signs to help the Scholarship Committee locate it.

52. Please paste PHOTOS of permanent residence here: FRONT VIEW OF THE WHOLE HOUSE and KITCHEN. If residing in a building/condominium/apartment/boarding house/rented residence, submit a photo of the whole building/area and whole view of the room you are staying.

COMPLETE ADDRESS:

CERTIFICATION

This is to certify that the applicant and his/her family are permanent residents of the above-mentioned address. Further, in my capacity as Punong Barangay, I certify that the photos inserted here are truly parts of their house located at the aforementioned address.

This is issued upon the request of the applicant for COMPLIANCE OF A SCHOLARSHIP REQUIREMENT only.

Issued on ____th day of _____, in the year of _____ at _____.

Punong Barangay

(Dry Seal, if applicable)



Ateneo de Davao University
RECOMMENDATION FORM
 For Student Financial Assistance Application

THIS FORM CAN BE PHOTOCOPIED.

| | | | | | | |
|---|---|---|---|---------------|----------|----------|
| NAME of APPLICANT Last Name | First and Middle Names | DEGREE SOUGHT <input type="checkbox"/> AB _____ <input type="checkbox"/> BS _____ | | | | |
| The applicant must not write below this line. | | | | | | |
| <p>TO THE RECOMMENDING PERSON: Please type or print your assessment and recommendation either on the back of this sheet or on your own letterhead. When you have completed your recommendation, enclose it together with this form in an envelope. Seal it, sign it across the seal and return it to the applicant. Do not allow the applicant to see the content of your assessment and recommendation.</p> <p>Please write candidly as possible about the applicant's qualifications and potentials to carry out undergraduate studies in the field specified. Assess as well the candidate's promise of professional success. In evaluating such qualities as the applicant's motivation, intellect, creativity, discipline and maturity, please discuss both strengths and weakness. If you can recall specific instances in which these qualities were revealed to you, this would be most helpful.</p> | | | | | | |
| 1. How long have you know the applicant? | 2. You have known the applicant as your <input type="checkbox"/> Student <input type="checkbox"/> Counsellor <input type="checkbox"/> Constituent <input type="checkbox"/> Others: _____ | | | | | |
| 3. If the applicant is enrolled in any of your classes, training, seminar, please indicate what subjects or training and the academic mark or evaluation: | | | | | | |
| 4. Please describe the applicant's potential as an Ateneo scholar. | | | | | | |
| 5. Was the applicant sanctioned by authorities due to behavioral misdemeanor or offense? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know. | If Yes, please indicate offense. | | | | | |
| 6. Was the student put under academic probation due to deficiency in academic performance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not know. | If Yes, please indicate deficiency. | | | | | |
| 7. Indicate additional information that may help the Scholarship Committee in deliberating the application of the student (<i>v.g. strength, areas for improvement, weakness, skills, attitudes towards service, etc.</i>) | | | | | | |
| 8. Rate the applicant. Please check the appropriate box. [5 = Excellent, 4 = Very Good, 3 = Good, 2 = Fair, 1 = Poor, 0 = No Chance to Observe] | | | | | | |
| | 5 | 4 | 3 | 2 | 1 | 0 |
| Intellectual Capacity | | | | | | |
| Desire to achieve | | | | | | |
| Potential to succeed in major field | | | | | | |
| Emotional Maturity | | | | | | |
| Confidence | | | | | | |
| Motivation to work and study | | | | | | |
| Initiative | | | | | | |
| Resourcefulness | | | | | | |
| Ability to get things done | | | | | | |
| Responsibility | | | | | | |
| Ability to work with others | | | | | | |
| Leadership Qualities | | | | | | |
| Oral expression skills | | | | | | |
| Flexibility | | | | | | |
| Sense of humor | | | | | | |
| Writing ability | | | | | | |
| 9. Based on the information above, indicate your recommendation by ticking one of the boxes. | | | | | | |
| <input type="checkbox"/> I highly recommend the applicant (a rare find). | | | <input type="checkbox"/> I recommend the applicant with reservations. | | | |
| <input type="checkbox"/> I recommend the applicant. | | | <input type="checkbox"/> I do not recommend the applicant. | | | |
| 10. Name of the Recommending Person | | | | Signature | | |
| Position | | Telephone Number | | Email Address | | |