

Ateneo de Zamboanga University

COLLEGE ADMISSIONS AND AID OFFICE

admissionsandaid@adzu.edu.ph

Telephone no. (062)9910871 local 2212

Telephone / Cel. No.

Other Source of Income (indicate amount and work)

F-mail Address

Annual Income

1 x 1 photo (recent)

COLLEGE SCHOLARSHIP GRANT APPLICATION FORM

Please READ carefully before filling up this questionnaire

- 1. THIS QUESTIONNAIRE SHOULD BE ACCOMPLISHED BY THE PARENTS OR LEGAL GUARDIAN OF THE APPLICANT
- 2. Applicants may be called for an interview and subject to background check (i.e. house visit).
- 3. Application for a scholarship grant does not, in any way, influence admission into the university.

OCCUPATION

PROVINCIAL ADDRESS JOB-RELATED

INCENTIVES

IF SELF- EMPLOYED

Retirement / Disability (specify amount)

Nature of work / business

CITY ADDRESS

I - DAIA O	N APPLICAN I								
(NAME) Surname			Given name			Middle name		Nickname	
DATE OF BIRTH (month/date/year)		Ag	je	Sex		Religion	eligion		Civil Status
COURSE	1st choice	•	2nd choice	•		3rd choice			•
CITY ADDRESS							1	Telephone	/ Cel. No.
PROVINCIAL ADDRE	ESS							E-mail Add	ress
JUNIOR HIGH SCHO	OL ATTENDED			HONORS/ AWARDS				•	
SENOR HIGH SCHOOL	OL ATTENDED			(if transferee) College	University			
HONORS/ AWARDS	(specify, e.g. Valedictorian, Salutatorian, Le	eade	rship award, Proficie	ncy award, etc	.)				
EXTRA CURRICULAR ACTIVITIES									
II - DATA (ON PARENTS / GUARDIAN								
FATHER	Surname		Given name				Middle name		
EDUCATIONAL ATTAINMENT	High School		College			Graduate / Post Graduate			
OCCUPATION	Company / Employer		Position in the firm				Annual Income		
CITY ADDRESS							Telephone	/ Cel. No.	
PROVINCIAL ADDRES	ss						E-mail Add	lress	
JOB-RELATED INCENTIVES	Retirement / Disability (specify amount)		Commissions / Honoraria / Allowance (specify amount)				Other Source of Income (indicate amount and work)		
IF SELF- EMPLOYED	Nature of work / business						Annual Inc	ome	
MOTHER	Maiden Surname		Given name				Middle nan	ne	
EDUCATIONAL ATTAINMENT	High School		College			Graduate / Post Graduate			
OCCUPATION	Company / Employer		Position in the firm				Annual Income		
CITY ADDRESS						Telephone / Cel. No.			
PROVINCIAL ADDRES	SS						E-mail Add	lress	
JOB-RELATED INCENTIVES	Retirement / Disability (specify amount)		Commissions / Honoraria / Allowance (specify amount)			Other Source of Income (indicate amount and work)			
IF SELF- EMPLOYED	Nature of work / business						Annual Inc	ome	
GUARDIAN	Surname		Given name				Middle nan	ne	
EDUCATIONAL ATTAINMENT	High School		College				Graduate /	Post Gradu	ate
000110471011	Company / Employer		Position in the firm	1			Annual Inc	ome	

Commissions / Honoraria / Allowance (specify amount)

III	- RELEVANT INFORMA	TION									
	What type of financial	•									
-		-			and miscellsneous fees only any other government agenc						
	[] NO [] YES	(Please speci	fy)								
3.	3. Without a scholarship grant, will you still enroll your child / ward (applicant) in the Ateneo?										
4.	[] NO [] YES										
	[]NO []YES										
5.	(for PROVINCIAL API a. Where will your o	-	•	or the duratio	n of his / her studies?						
6.	 b. How much do you expect to send for his / her board and lodging? Cother than your child / children, who are the other dependents living with or being supported by you (include name, age, and relationship, and type of support). 										
7.	7. Write name/s of person/s (relatives, friends, etc.) other than you, who help with the household and other educational Expenses; indicate the extent of financial support (for whom, how much).										
8.	3. Information on children (other than the applicant) A. NO LONGER STUDYING										
	NAME	AGE	Civil status	Still residing with you? (YES / NO)	Highest educational attainment (degree & school attended)	EMPLOYMENT (company & location)	Position in the firm or Nature of work	Annual gross Income			
	B. STILL STUDYING	G (oldest first)	1								
	NAME	AGE	Civil status	Grade / Year Level	School	Yearly Tuition (amount)		on paid by whom tc. If a scholar, indicate type & amount			
9.			-		ne Ateneo, or has received any ship grant / financial aid.	form of financial aid from the					
10	. THIS FORM SHOULD	BE SUBMITT	ED WITH	THE FOLLO	WING:						
					grant / financial aid for your s	son / daughter / ward					
	B. Clear copy of EntraC. Clear copy of the m			RETURNS (of applicant's parents or gu	ardians)					
	D. A copy of the applie					,					
	F. Detailed Sketch of y	your residence (complete	with house nun	stor (for non-catholics) or the P nber, street, and other landmar						
SI	G. A copy of the applica GNED DECLARATION		-	•							
					omplete, true and correct. A	Any misrepresentation of i	information or w	ithholding of information			
	requested in this quest to disclose data in this potentially fund the so provided in any other	stionnaire will s questionnair cholarship of way necessa d for historical	be cons e, inform our child ry to pui and stat	idered suffici nation from th I. We author rsue its legiti istical purpos	ent reason for cancellation ne supporting documents wize the College Admission mate interests in relation to ses. We agree that our con	n of scholarship. We allow we submitted and our chil as and Aid Office to cont to our application for scho	v the College Ac d's grade report rol, use and pro blarship as well	dmissions and Aid office to benefactors who will decess all information we as keep the documents			
		FATH	ER		_	MOTHER					
(complete name and signature)				(complete name and signature)							

GUARDIAN

(complete name and signature)

GUARDIAN

(complete name and signature)