



**College Admissions and Aid Office
Ateneo de Naga University
Ateneo Avenue, Naga City 4400**

Photo of the
applicant

SCHOLARSHIP/FINANCIAL AID APPLICATION

1. This application form should be accomplished by the parents of the applicant who is seeking financial assistance. It must be answered carefully and completely. Incomplete forms will be returned to the applicant.
2. Scholarship grants and other financial aid at the Ateneo de Naga University are given on the basis of financial need and academic performance of the applicant. The Ateneo seeks to help families carry costs that normally would be beyond their financial resources. In other words, the financial aid is sharing a burden. Thus, the Ateneo expects that families will help carry that part of the burden of their children's education that lies within their means.
3. All information will be kept strictly confidential. Misrepresentation of information requested in this questionnaire will be considered reason both for disapproval or cancellation of request.
4. Applicants may be called for interview.
5. Submit the following with this application form:
 - i. On a separate sheet write out a detailed personal statement about the family's financial situation and the reason for request.
 - ii. Photocopy of your latest Income Tax Return or BIR Certification for Tax Exemption
 - iii. Certification from the HS Principal that he/she belongs to the top 20% of the graduating class.
 - iv. Photocopy of HS Report Card or Form 138 of your son/daughter (for new student)
 - v. Photocopy of latest Scholastic Report Card of your son/daughter (for old student)
 - vi. Photos of the interior and exterior of the house

STUDENT NAME	Surname	First Name		M.I.
Nickname	Sex	Age	Birthdate (month/day/year)	Birthplace
Civil Status	Religion	Home Telephone No.	Cell Phone No.	E-mail Address
PERMANENT ADDRESS	Street No. Street, Subdivision/Barangay		City/ Municipality	
	Province	Country	Zip Code	
High School Attended			Preferred Course	
If in Ateneo, College Department: Course and Year				

Father's Name	Last Name	First Name	M.I.	<input type="radio"/> Living	<input type="radio"/> Deceased	<input type="radio"/> OCW
Occupation:		Monthly Salary:		Employer's Name:		
Employer's Address:				Office Telephone No.:		
Mother's Name	Last Name	First Name	M.I.	<input type="radio"/> Living	<input type="radio"/> Deceased	<input type="radio"/> OCW
Occupation:		Monthly Salary:		Employer's Name:		
Employer's Address:				Office Telephone No.:		
Guardian's Name	Last Name	First Name	M.I.	Relation:		
FAMILY FINANCIAL STATUS						
Annual Income (Father, Mother, Guardian and others contributing: Php _____)						

Other Annual Resources:

Profit on Business Php _____
 on lands _____
 rental lands _____
 interest _____
 dividend _____
 others _____
SUB-TOTAL **Php** _____
 Bank Deposits _____
 Saving Accounts _____
 Checking Accounts _____
 Time Deposits _____
TOTAL _____
 Less: Deductions _____

Net Taxable Income	_____
Tax Paid	_____

PERMANENT RESIDENCE

Location	<input type="radio"/> Home	<input type="radio"/> Apartment
Size of lot	<input type="radio"/> Owned	<input type="radio"/> Rented
a) If rented, how long in this place _____		Monthly rent: _____
b) If owned, by whom: _____		When acquired _____
Cost when acquired Php _____		Present market value Php _____

Amount of mortgage unpaid Php _____ Monthly mortgage payment Php _____
 c) No. of bedrooms _____ No. of baths/toilets _____ No. of helpers/drivers _____

OTHER PROPERTIES OWNED (Residential, Commercial, etc)

Description/Use	Location	Size	When Acquired	Value at Acquisition	Present Market Value	Yearly Net Income

HOUSEHOLD POSSESSIONS

	When Acquired	Acquisition Cost	Balance to be paid	Monthly Payment
Television set				
VCD/DVD component				
VCD/DVD player				
Personal Computer/Laptop				
Refrigerator/Freezer				
Air conditioner				
Piano/Organ				
Washing Machine				
Car: Make Model Year				
Motorcycle: Make Model Year				

OTHER SOURCES:

☐ Business ☐ Home Industry
 Nature of Business: _____ Capital Invested: _____
 No. of Employees: _____ Annual Net Profit: _____
☐ Farmlands ☐ Fishponds
 No. of hectares: _____ Types of crops/Fish: _____ No. of workers: _____
 Approximate net profit per hectare per year: _____

FAMILY INSURANCE POLICIES

Nature of Policy	Company	Amount of Insurance	Yearly premium	Monthly Payment

LIABILITIES

Payee	Purpose of Loan	Amount of Liability	Date of Maturity	Amount still Payable	Monthly Payment

CHILDREN IN SCHOOL AND NOT STUDYING (Eldest to youngest)

Name	Age	Civil Status	Year/Grade	School Attended	Yearly Tuition	Paid by whom?

OTHER DEPENDENTS LIVING IN THE HOUSE:

Name the persons (relatives, friends, etc.) other than yourselves, who help with the household and educational expenses and indicate extent of financial support (for whom, how much?)

Name	Kind of Support	Name of Beneficiary	Amount of Support

CHILDREN WHO ARE PRESENTLY ON SCHOLARSHIP AT ATENEO

Name	Type of Scholarship	Name of Sponsor	Scholarship Benefit

SKETCH OF YOUR COMPLETE ADDRESS (Please indicate landmarks for easy reference)

Name:

Permanent Address:

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applicant

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 - iii. Certification from the H.S. Principal that the student belongs to the top 20% of the graduating class
 - iv. Photocopy of H.S. Report Card or Form 138 of the son/daughter (for new student)
 - v. Photocopy of latest Scholarship Request
 - vi. Photos of the

PLEASE DO NOT FILL UP THIS PART OF THE FORM

Date received:

☐ **Granted**

☐ **Denied**

Remarks:

Name	Sex	Age	Dates (month/day/year)	Birthplace
VII State Religion	Home Telephone No.	Cell Phone No.	E-mail Address	

PERMANENT ADDRESS

High School Attended

Preferred Course

If in Area, College Department Course and Year