



APPLICATION FORM (Scholarship/ Assistantship)

MSU-ADM-FR-01.01

DATA PRIVACY CLAUSE: By completing this form, I hereby agree that Mindoro State University, may collect, use, disclose, and process my personal data for the purpose/s of application for admission, scholarship, or enrollment. Requests for inspection, amendment, or restriction of records must be in writing and addressed to the Office of Student Affairs and Services and must specify the reasons for the request. Mindoro State University reserves the right to respond appropriately according to law.

- Scholarship Financial Assistantship Student Assistantship Program

General Instructions: Please print in black or blue ink or type all information requested

PERSONAL DATA

| | | | | |
|---|---|---|-----------------------|---------------------------|
| Name: (Please use legal name based on Birth or Marriage Certificate) | | | | Course/ Yr : |
| LAST | | FIRST | MIDDLE | |
| Civil Status: | Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male | Date of Birth: | Place of Birth | Student ID Number: |
| | | MM / DD / YYYY | | |
| Address: (No./ St./ Subd./ Brgy. / City/ Country) | | | | |
| Residing at: [] Boarding House [] Parent's House [] With Guardian: _____ | | | | |
| Telephone No.: | Mobile No.: | E-mail Address: (please write legibly) | | |
| Religion: | | Person with Disability (PWD) Yes No | | |
| If Yes, type of disability _____ | | | | |
| Existing Scholarship/s (If any) | | | | |

FAMILY BACKGROUND

| Status of Parents | <input type="checkbox"/> Living Together | <input type="checkbox"/> Separated | <input type="checkbox"/> Single Parent | <input type="checkbox"/> Father Deceased | <input type="checkbox"/> Mother Deceased |
|-------------------------------|--|------------------------------------|--|--|--|
| RELATION | FATHER | | | MOTHER | |
| Name | | | | | |
| Age | | | | | |
| Permanent Home Address | | | | | |
| Tel. No. | | | | | |
| Mobile No. | | | | | |
| Email Address | | | | | |
| Occupation/ Position | | | | | |
| Company | | | | | |
| Average Monthly Income | | | | | |
| Number of years in service | | | | | |
| Educational Attainment | | | | | |
| School or College | | | | | |
| Reason/s for being unemployed | | | | | |

BROTHERS AND SISTERS (Please attach additional sheet if necessary)

Total Number of Sibling/s: _____

Number of Working Sibling/s: _____

Number of Studying Sibling/s: _____

| RELATION | Sibling 1 | Sibling 2 | Sibling 3 |
|-----------------------------------|------------------|------------------|------------------|
| Name | | | |
| Age/ Civil Status | | | |
| Permanent Home Address | | | |
| Occupation | | | |
| Average Monthly Income | | | |
| Educational Attainment | | | |
| School or College | | | |
| Still with you? (Yes/No) | | | |
| School Fees per Year (if student) | | | |

| FAMILY INCOME (Gross) | | | |
|---------------------------------------|--|-----|--|
| Combined Annual Pay (father, mother) | | PhP | |
| Combined Annual Pay (brother, sister) | | | |
| Income from Business | | | |
| Income from Land Rentals | | | |
| Income from Res/Bldg Rentals/Lease | | | |
| Retirement Benefits/Pension | | | |
| Commissions | | | |
| Support from Relative/s | | | |
| Bank Deposits | | | |
| Others (Specify) | | | |
| Total Annual Income | | PhP | |

| FAMILY EXPENSES (Monthly) | |
|--|-----|
| House Rental | PhP |
| Food & Grocery | |
| Car Loan Amortization (specify) | |
| Other loan Amortization (specify) | |
| School Bus Payment | |
| Transportation/Gasoline & School Bus | |
| Education Plan Premiums | |
| Insurance policy Premiums | |
| Health Insurance Premium | |
| SSS/GSIS/PAG-IBIG Loans | |
| School/Office uniform/Clothing | |
| Electricity, Water, Cable, Cooking Gas | |
| Telephone/Cellphone | |
| Helper/Yaya (how many? ____) | |
| Driver (how many? ____) | |
| Medicines | |
| Doctor's fee/Consultation | |
| Hospitalization | |
| Recreation | |
| Others (specify) | |
| Total | PhP |
| Sub-total x 12 months | PhP |

| OTHER DATA | | |
|--|-------------------|---------------|
| Does your family have any of the following appliances? | | |
| Appliance/ Device | Indicate how many | Year Acquired |
| TV set | | |
| Radio/ Speakers/ Karaoke | | |
| Electric musical instruments | | |
| Personal Computers | | |
| Electric Stove/Oven | | |
| Laptop | | |
| Refrigerator/ Freezer | | |
| Microwave oven | | |
| Airconditioner | | |
| Electric Fan | | |
| Washing Machine | | |
| Cellphone | | |
| Gaming Box | | |
| DLSR Camera | | |

| FAMILY EXPENSES (Annually) | |
|--------------------------------|-----|
| School and Tuition | PhP |
| Withholding Tax | |
| SSS/GSIS/Pag-ibig Contribution | |
| Others (specify) | |
| Sub-total | PhP |
| TOTAL ANNUAL EXPENSES | PhP |

Cars and other motor vehicles owned or regularly used by the family

| Make/Yr/Model | Date Purchased | Amt of Purchase | Balance to be Paid | Company/Family Owned |
|---------------|----------------|-----------------|--------------------|----------------------|
| | | | | |
| | | | | |
| | | | | |

Do you have other relative/s who help out in your finances? ___ Yes ___ No

If yes, Name/s _____

What is their relation to you? _____ How much money do they send monthly on average? _____

| EDUCATION - SECONDARY | |
|-------------------------|-----------------|
| School/ Location | Year Graduated |
| Honors/ Awards Received | General Average |

| | | |
|----------------------------------|-------------------------------|----------------|
| Name | Relationship to the Applicant | Contact Number |
| References: 1) _____ 2) _____ | | |

I hereby certify that the above information is true and correct. Any misrepresentation of facts will render this form invalid, and will immediately disqualify my application to this scholarship.

Other Requirements:

- One 2x2 ID
- Picture Latest Income Tax Return of Both Parents or Affidavit of Non-Filing Income Tax Return.
- If OFW, copy of contract or any proof of income
- Certificate of Grades
- First Year Applicant: Certified True Copy of latest SHS Report Card
- Certificate of Good Moral Character
- Letter of intent
- For Student Assistantship: Proposed Schedule of Duty

Signature over Printed name

| | |
|--------------------|--|
| Received | |
| Screened | |
| Action/ Remarks | |