



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: MM / DD / YYYY	Place of Birth	Student ID Number:
Address: (No./ St./ Subd./ Brgy. / City/ Country)				
Residing at: <input type="checkbox"/> Boarding House <input type="checkbox"/> Parent's House <input type="checkbox"/> 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	