

Legal Name

(Name in Birth Certificate)

LAST NAME

FIRST NAME

MIDDLE NAME

High School

If already enrolled in the
Loyola Schools

ID No

Year & Course

ATENEO DE MANILA UNIVERSITY

LOYOLA SCHOOLS

Office of Admission and Aid

RECENT 1"x1"
Photo of StudentPlease write your
name at the back of
the photo.

SCHOLARSHIP/FINANCIAL AID QUESTIONNAIRE

INSTRUCTIONS

This questionnaire should be accomplished by the parents of the student. It must be answered carefully and completely. Write **N/A** if the information requested is not applicable. Applications without the required documents or with incomplete information will not be processed. Parents may be called for interview for clarification of data given. All given information will be kept confidential.

PLEASE SUBMIT TOGETHER WITH THIS FORM THE FOLLOWING REQUIREMENTS:

- Parents' detailed and well-written personal letter about the family's financial situation and the urgent need for financial assistance.
- Two signed & sealed scholarship recommendation forms
- For each presently employed parent and unmarried sibling of student, submit the following:
 - Certificate of Employment & Compensation (including bonuses, commissions, and allowances). OFW's must submit copy of employment contract
 - Annual ITR or Certificate of Compensation Payment/Tax Withheld for the previous year. Please indicate in your personal letter if exempted from filing an ITR or reason for non-filing.
 - Photocopy of pay slip for the last 3 months prior to submission of this form
- If parents are self-employed/own (or co-own) a business or home industry, submit the following:
 - A detailed description of the nature of work or business
 - Income & Expense Financial statement for the previous year
 - Annual ITR or Certificate for the previous year. Please indicate in your personal letter if exempted from filing an ITR or reason for non-filing.
 - If applicable, a PHOTO of the building/establishment/place of business stapled on the space provided.
- If parents are retired or were retrenched within the past three years, submit a separate copy of the Certificate of Retirement or Separation with the amount of retirement/separation benefits received from the company and from Pag-ibig and SSS/GSIS.
- Photocopy of electric bill for the last 3 months.
- Photocopy of credit card billing statements for the last 3 months.
- Clear photo of permanent residence (FULL VIEW of the whole house) and kitchen (main and dirty kitchen with the refrigerator in the photo). If residing in a building/condominium/apartment, please submit a photo of the whole building. Please staple on the space provided.

Scholarships at the Ateneo de Manila are extremely limited and are given primarily on the basis of financial need. In other words, the financial aid is a sharing of burden. Thus, the Ateneo expects that families will sacrificially carry that part of the burden of their child's education that lies within their means. In addition, the Ateneo does not give financial aid for food and living expenses of applicants. Application for financial aid does not, in any way, influence acceptance or non-acceptance into the Loyola Schools.

SCHOLARSHIP REQUEST

1. Scholarship Grants: ☐ 100TF ☐ 75TF ☐ 50TF ☐ 25TF ☐ Dormitory ☐ Book ☐ Transportation

Did the student receive scholarship in high school? ☐ YES ☐ NO

If yes, in what year levels and what percentage? ☐ 1 ☐ 2 ☐ 3 ☐ 4 Percentage of scholarship: _____

PERSONAL INFORMATION

2. Permanent Address:

Unit/Door Number & Bldg./Apartment Name

Street Number & Street Name

Subdivision & Barangay

City/Municipality & Province

Zip Code

Country

If the student is from the province, where does he/she intend to live while studying in Ateneo? Please check one.

☐ Ateneo Residence Halls ☐ Off-Campus Boarding House ☐ With a Relative ☐ Other: (Please specify) _____

3. Telephone Number: (_____) _____

Area Code

4. Mobile Number: _____

5. Email Address: _____

6. Birth Date: ____/____/____

MM/DD/YYYY

7. Age: _____

8. Citizenship: ☐ Filipino ☐ Dual (specify): _____9. Gender: ☐ M ☐ F☐ Other (specify): _____

PLEASE DO NOT WRITE BELOW THIS LINE

APPROVED _____

☐ AFMS ☐ SIDL ☐ DL

WAITLISTED _____

GRANT _____

NOT APPROVED _____

FAMILY DATA

18.	FATHER	MOTHER	STEPPARENT/GUARDIAN (if applicable)
Name			
Age (or if deceased, when)			
Please indicate if: Solo-Parent; Widowed; Separated			
Telephone Number			
Mobile Number			
Email Address			
Educational attainment • School attended			
Occupation			
If employed, name of employer			
Position & no. of years in the company			
If self-employed, nature of work			
Annual Gross Income			
If unemployed, since when & reason for unemployment			
If retired, or ever availed of early retirement, when and under which company			
Do you have a Life Insurance? (Y/N)			
Do you have a Health Insurance? (Y/N)			

19. Children no longer in school / who are employed (Please use a separate sheet if needed.)

Name				
Age				
Civil Status & number of dependents				
Residing with family?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Educational attainment • School attended				
If employed, name of employer				
Position & no. of years in the company				
If self-employed, nature of work				
Annual Gross Income				
If unemployed, since when & reason for unemployment				

20. Children still in school / not yet studying (including the applicant) (Please use a separate sheet if needed.)

Name				
Age				
Civil Status				
Grade / Year Level				
School				
Yearly Tuition & Fees				
Amount covered by Parents				
Amount of Scholarship				

21. Other dependents living with the family: _____

22. Name the persons (relatives, friends, etc.) who help with the family household and educational expenses:

Name				
Relation to family				
Amount of monthly support				
Duration and extent of support				

23. Did any family member receive college scholarships from Ateneo de Manila? If yes, please fill out the table below.

Name				
Percentage of Scholarship and Inclusive School Year				
Email address				
Mobile number				

10.

**ATTACH CLEAR PHOTO
OF PERMANENT RESIDENCE HERE.**

(Full view of the whole house)

(Size: 3R or 3.5" x 5")

11.

**ATTACH CLEAR PHOTO
OF KITCHEN HERE.**

(Main and dirty kitchen with the refrigerator in photo)

(Size: 3R or 3.5" x 5")

12.

(if applicable)

**ATTACH CLEAR PHOTO
OF BUSINESS ESTABLISHMENT HERE.**

(Size: 3R or 3.5" x 5")

FAMILY FINANCIAL STATUS

13.

GROSS INCOME (in PESOS)

Annual Pay, Allowances & Benefits

Father

Mother

Commissions

Profit on Business

Profit/Rentals on Lands

Rentals on Residence/Buildings

Interest Income

Dividends

Financial Support from Children

Financial Support from Relatives

Financial Support from Others

Pension

Others: *Please specify.*

Others: *Please specify.*

TOTAL ANNUAL FAMILY GROSS INCOME

Do not leave blank when applicable.

Accounts *	Bank / Company	Latest Balance
Current/Checking		
Savings		
Time Deposit		
Other Deposits		
Foreign Currency		
Stocks/Shares		
Mutual Funds		
Other Types of Bonds		
Credit Card/s (Cardholder's Name)	Bank / Company	Outstanding Balance
Loan Type	Bank / Company	Monthly Payment

* A bank statement may be required for submission later.

14. Do you own/co-own a business or a home industry?

☐

YES (If Yes, please fill out table below)

☐

NO

Type of business	Date Started	No. of Employees	Capital Invested	Annual Net Profit

15. Does the student have a part-time job?

☐

YES (If Yes, please fill out table below)

☐

NO

Type of job	Hours per week	Monthly Income

16. On the average, how much is the budgeted monthly school allowance of the student?

17. Is the student enrolled under a college education plan?

☐

YES (If Yes, please attach a copy of the contract/agreement.)

☐

NO

Will you be able to receive any tuition reimbursement?

☐

YES If yes, how much?

☐

NO

FAMILY EXPENSES

(If a parent is working abroad, please submit a separate expense report.)

MONTHLY Expenses

Food/Grocery

House Rent/Amortization

Electricity, Water, LPG

Telephone, Internet

Cable

Mobile Phone

School/Work Allowance

Transportation Allowance
(including fare and gas)

Tutorials (academic, musical, sports)

Helper/Driver Salary

Recreational Expenses

(watching movies, eating out, spa, etc.)

Others: *Please specify.*

SUBTOTAL OF

MONTHLY EXPENSES

SUBTOTAL OF MONTHLY

EXPENSES x 12 months

(A)

YEARLY Expenses

Clothing

Domestic and Foreign Travel
(airfare, accommodation, food, etc.)

Home Repair/Improvement

Insurance, Plans

Medical/Dental

Motoring Expenses
(maintenance, LTO reg.)

School Bus

School Supplies/Expenses/Books

School Tuition & Fees

SSS/GSIS, Pag-ibig, PhilHealth
(Contributions)

Withholding Tax

Loan Payments

Others: *Please specify.*

SUBTOTAL OF YEARLY

EXPENSES

(B)

TOTAL ANNUAL FAMILY

EXPENSES*

(add A and B)

* If the Total Annual Family Expenses is higher than the Total Annual Family Gross Income, please explain in your letter how the deficit is covered.

HOUSEHOLD DATA

24. PERMANENT RESIDENCE

☐ House ☐ Apartment ☐ Condominium

☐ Family Owned When was last renovation? _____ How much was spent? _____

☐ Rented

☐ Free Housing Provided by Company

☐ Living with Relatives/Friends

Name of Owner	Relationship to Student	Length of Stay	Date Acquired	Monthly Rent/ Amortization	Acquisition Cost, IF OWNED	Present Market Value, IF OWNED

Please do not leave blank.

Size of Lot: _____ m² House Floor Area: _____ m² Number of helpers, drivers, etc. _____

Number of floors: _____ Number of bedrooms: _____ Number of toilets/bathrooms _____

Is this where the applicant presently resides? ☐ YES ☐ NO If no, please provide current address of applicant in the space below:

25. Other properties owned/inherited (agricultural, residential, commercial, industrial, etc.)

Description and/or use	Location	Size	Date Acquired	Acquisition Cost	Present Market Value	Yearly Net Income

26. Household Possessions (Please do not leave blank.)

Items	Quantity	Date Acquired	Acquisition Cost	Balance to be Paid
Air-conditioner				
Camera and Lenses				
Cellphone/Smartphone				
Component / Videoke				
Gaming Consoles (e.g., PSP, Guitar Hero)				
Gas Range				
Home Theater System				
iPod / MP3 Player				
Laptop / Netbook / PC				
Tablet (e.g., iPad, Kindle, Nexus)				
Microwave / Oven				
Musical Instrument (e.g. Keyboard, Electric Guitar, Drum Set)				
Printer / Scanner				
Refrigerator / Freezer				
TV Set				
Washing Machine / Dryer				

27. Cars and other motorized vehicles owned or regularly used by the family:

Make	Model	Year	Name of Owner *	Relationship to Student	Date Acquired	Acquisition Cost	Availed of Loan (Y/N)	Balance to be Paid

**If Company Owned, please attach a copy of the latest OR and CR.*

OTHER FAMILY INFORMATION

28.

FAMILY TRAVEL	NO	YES	<i>If yes, please indicate country, who is leaving, and reason for travel/migration.</i>
Are any of your family members presently under petition for immigration to another country?			
Did any family member travel outside the country in the last 3 years?			
Does anyone have plans to travel/have pending work application outside the country within the next 3 years?			

REFERENCES

29. List down two (2) persons (excluding relatives) who know your family very well and whom the Committee may get in touch with for possible inquiry. Please do not leave blank.

Full Name	Address	Contact Number/s

SIGNED DECLARATION BY THE PARENTS/LEGAL GUARDIAN

We hereby certify that all the information given here is true and correct, and the Office of Admission and Aid is hereby authorized to verify the same through an official inquiry if needed.

We understand that misrepresentation of information or withholding of information requested in this questionnaire will be considered sufficient reason for disapproval or cancellation of financial aid.

We consent to allowing the Office of Admission and Aid to disclose data in this questionnaire to potential benefactors of our child.

We agree that if our child is awarded a scholarship and withdraws from the Loyola Schools for non-medical and/or non-academic reasons when he/she fully meets the required yearly QPI for retention, our family will reimburse the University with the total amount of financial aid received during the last semester (and Intersession Term, if applicable) that our child is officially enrolled.

Student's Signature

Father's Signature

Mother's Signature

Date Signed

Legal Name _____

(Name in Birth Certificate)

LAST NAME

FIRST NAME

MIDDLE NAME

ATENEO DE MANILA UNIVERSITY

LOYOLA SCHOOLS

Office of Admission and Aid

SCHOLARSHIP RECOMMENDATION FORM

INSTRUCTIONS

To the Applicant:

- Please write your name above **using ink**.
- Give this form to the **person who knows you well enough** and currently holds a position of authority over you in your present school (e.g., guidance counselor or teacher).
- Kindly supply him/her with an envelope.

To the Person Recommending:

- The student above is an applicant for Scholarship to the Ateneo de Manila University. The Committee on Admission and Aid will appreciate your opinion on the points stated below.
- Please make your judgment carefully and fill out the form completely as it will surely be used in the evaluation of financial need and merit of the applicant.
- After filling out this form, please put it in an envelope, seal and sign across the flap and return to the applicant.
- Countersign erasures and corrections made. All information will be kept confidential. Thank you for your assistance.

GENERAL EVALUATION

DO NOT leave blank. Use back of form, if needed.

1. How long and in what capacity have you known the applicant? _____

2. What are his/her best traits as a student and/or as a leader? _____

3. Has the applicant displayed any behavior which may hinder his/her socio-emotional development? If yes, please provide details.

4. In what ways is he/she of service to the school and the community? _____

5. Is the applicant a recipient of any academic grant, financial aid, or tuition discount in high school? Please specify.

6. Is the applicant applying to other government and private scholarship grants (e.g., DOST, other Foundations)? Please specify.

7. Describe briefly the family's financial situation.

OVERALL RECOMMENDATION

DO NOT OMIT THIS PART. Please check one.

☐ RECOMMENDED FOR **FULL** SCHOLARSHIP

☐ RECOMMENDED FOR **PARTIAL** SCHOLARSHIP

☐ RECOMMENDED WITH RESERVATION

☐ NOT RECOMMENDED FOR SCHOLARSHIP

PLEASE DO NOT LEAVE THIS PART BLANK

Accomplished by: _____

Signature: _____

Position: _____

Subject taught: _____

Official Name of School: _____

Contact Number/s: _____

Legal Name _____

(Name in Birth Certificate)

LAST NAME

FIRST NAME

MIDDLE NAME

ATENEO DE MANILA UNIVERSITY

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