

FORM B1

菲律賓中正學院

ALL ENTRIES/SIGNATURE IN THIS FORM MUST BE ORIGINAL

Financial Assistance Qualifications

APPLICANT MUST

- Possess a GWA of at least 80% with no grades in any subjects below 80% - Chinese Instructions Only
- Conduct grade of at least B (Chinese Instructions Only)

Chiang Kai Shek College

1274 Padre Algue St., Tondo, Manila

Admissions and Grants Office

Recent
1 x 1
Photo

AMBASSADOR FINANCIAL ASSISTANCE PROGRAM

School Year _____

Instruction: Write clearly in the box provided or check the box for the appropriate answer. Avoid erasures.
PLEASE ANSWER ALL ITEMS IN PRINT.

NEW **RENEWAL** (Answer Part I and II ONLY)

Part I: APPLICANT'S INFORMATION

姓名 **Name:**
(Surname) (First Name) (Middle Name) (Gender) (Incoming Gr. & Sec.)

Address
住址
(Contact No./s.)

Rent ,monthly rental Php _____ Own living with relatives/guardian

Name of Existing Scholarship/s, if any: _____

Latest Report Card	
SY _____	中文 (Chinese)
Grade & Section :	
General. Average :	
Conduct Grade :	

Honors/Awards Received:

TITLE OF AWARD	AWARD GIVING BODY	YEAR OF AWARD

Has the applicant received failing grade/s in any subject/s YES NO If yes, specify what Grade Level : _____
Subject: _____ Grade Received _____

PART II : FAMILY BACKGROUND

Status of Parents: <input type="checkbox"/> Living Together <input type="checkbox"/> Separated <input type="checkbox"/> Single Parent		Deceased Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother	
Father's Name: _____ (Age)		Mother's Name: _____ (Age)	
Occupation: _____	Annual Income (Gross) _____	Occupation: _____	Annual Income (Gross) _____
Name of the Company or Business/Employer: _____		Name of the Company or Business/Employer: _____	
Company /Business Address: _____		Company /Business Address: _____	
If Living with guardian: <input type="checkbox"/> yes <input type="checkbox"/> No		Address: _____	
Name of Guardian: _____			

Name of Sister or Brother	Gender	Age	Occupation / If Student indicate the grade level	Name of Company / Name of School

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PART III: FINANCIAL STATUS (Please answer thoroughly)

Combined Annual Pay (father, mother)	Php
Income from Business	
Retirement Benefits/Pension	
Commissions	
Support from Relative/s	
Total Monthly Income:	Php
Estimated Family Expenses: monthly	Php

OTHER DATA

<i>Does your family have any of the following appliances?</i>	Type/Model	Indicate how many	Date acquired
Laptop/Computer			
Gadget (Cellphones/tablet)			
Airconditioner			
TV set /DVD player/Home Theater			
Camera/Video camera			
Washing Machine			

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

Make / Yr / Model	Date Purchased	Amount of Purchase	Balance to be paid

I hereby certify that all information given above are true and correct to the best of my knowledge. Any misinterpretation of facts will render this form invalid and will immediately disqualify my application to this Scholarship and Financial Assistance Program.

Deadline for Submission: _____

TO BE FILLED-OUT BY THE SCHOLARSHIP OFFICE HEAD	
APPLN. NO.	<div style="border: 1px solid black; width: 100%; height: 20px;"></div>
<input type="checkbox"/> Photocopy of Report Card F138 Previous Year Level <input type="checkbox"/> Photocopy of NSO Birth Certificate <input type="checkbox"/> Certificate of Indigency from their Barangay <input type="checkbox"/> Latest Income Tax Return or BIR Certificate of Tax Exemption of parents <input type="checkbox"/> Latest Meralco (electric) Bill/Water Bill	
Assessed by _____ Printed Name/Signature	
Date : _____	

Father's / Mother's Signature over Printed Name

Date Submitted: _____

SKETCH OF ADDRESS

