

CEAT SCHOLARSHIP / FINANCIAL ASSISTANCE APPLICATION FORM

Financial Assistance Program Being Applied For:

Adopt-a-Student

PERSONAL INFORMATION		
Name:		Student Number:
Course:	STS Bracket:	Hometown and Province:
Mobile Number:	Email Address:	Internet Network:
Complete College Address:		

ACADEMIC INFORMATION [Items with * will be filled out by CEAT OCS]		
No. of Units Earned*:	Expected Graduation Sem/Year:	GWA*:
Residency*:	Last Sem's Status*:	

FAMILY BACKGROUND				
	Name	Occupation*	Annual Income	Details
Father				Age: ____
Mother				Age: ____
Guardian				Relation: _____
Sibling				Age: ____ Married: Y / N
Sibling				Age: ____ Married: Y / N
Sibling				Age: ____ Married: Y / N
Sibling				Age: ____ Married: Y / N
Total Annual Family Income				

* If currently studying instead of working (particularly siblings), indicate year level, course, and school.

SOURCES OF MONTHLY ALLOWANCE AND SCHOLARSHIP	
Source of Monthly Allowance	Est. Monthly Amount
Estimated Monthly Amount Received from Immediate Family Members (father, mother, siblings)	
Estimated Monthly Amount Received from Extended Family Members (aunt, uncle, grandparents, cousins, etc.)	
Estimated Monthly Income from the Applicant's Work (e.g., SA): Indicate Job and Company: _____	
Estimated Monthly Amount Received from Scholarship / Grant Name of Scholarship: _____	
Estimated Monthly Amount Received from Scholarship / Grant Name of Scholarship: _____	
Estimated Monthly Amount Received from Other Sources: Details: _____	
Estimated Monthly Total Allowance:	

OTHER INFORMATION
Explain why you need this scholarship / financial assistance (use back page if necessary):

PICTURES OF RESIDENCE

a. Picture of Front Façade

b. Picture of Living Room

c. Picture of Kitchen