



DOCUMENT LIST FORM

Name	Last Name	First Name	Middle Name
Learner Reference Number (LRN)			
Date/Time Submitted		Received by	

Instruction: Put a check (√) mark on the applicable documents submitted. Please arrange the scholarship application and other documents/requirements based on the document checklist.

<input type="checkbox"/> Academic Scholarship		
√	Details	Remarks
	Duly accomplished Scholarship Application Form	
	Scanned PSA Birth Certificate	
	Residence Certificate	
	Report Card of previous school year (1 st quarter - 4 th quarter)	
	Report Card of current school year (1 st quarter - 3 rd quarter)	
	Letter of Recommendation from nominator and/or teacher, certifying background and good moral conduct	
	Latest Income Tax Return of parents or guardian, or Certificate of Tax Exemption	
	Others (specify)	

<input type="checkbox"/> Financial Assistance		
√	Details	Remarks
	Duly accomplished Scholarship Application Form	
	Letter of Application	
	Latest Income Tax Return of parents or guardian	
	Statement of Account from SSCW	
	Others (specify)	



ISKOLAR NI SAN BENITO



APPLICATION FORM

TYPE OF SCHOLARSHIP BEING APPLIED FOR:

Academic Scholarship Financial Assistance

SCHOOL YEAR BEING APPLIED FOR: 20__ - 20__

PERSONAL INFORMATION

Name	Last Name				First Name		Middle Name		Suffix (Jr, III)	
	Date of Birth			Place of Birth			City/Municipality		Province	
Nationality										
Mobile Number					Landline Telephone Number					
Email Address										
Home Address		House Number/Block/Street				Building/Subdivision/Village/Barangay				
		City/Municipality			Province		Zip Code			
Social Media Account		Facebook : Instagram: Twitter: Other Social Media account:								

FAMILY BACKGROUND

Father's Name	Last Name First Name Middle Name Suffix (Jr, III)			
Occupation		Gross Monthly Income	___ Php 0 – 5,000 ___ Php 5,001 – 10, 000 ___ Php 10,001 – 15,000 ___ Php 15,001 -20,000 ___ Php 20,001- 25,000 ___ Php 25,001 – 50,000 ___ More than Php 50,000	
Company Name				
Mother's Name	Last Name First Name Middle Name Suffix (Jr, III)			
Occupation		Gross Monthly Income	___ Php 0 – 5,000 ___ Php 5,001 – 10, 000 ___ Php 10,001 – 15,000 ___ Php 15,001 -20,000 ___ Php 20,001- 25,000 ___ Php 25,001 – 50,000 ___ More than Php 50,000	
Company Name				
Guardian's Name (If applicable)	Last Name First Name Middle Name Suffix (Jr, III)			
Occupation		Gross Monthly Income	___ Php 0 – 5,000 ___ Php 5,001 – 10, 000 ___ Php 10,001 – 15,000 ___ Php 15,001 -20,000 ___ Php 20,001- 25,000 ___ Php 25,001 – 50,000 ___ More than Php 50,000	
Company Name				

Total Number of Siblings:

If Sibling is student:

Name of Sibling (First Name, Last Name)	AGE	MARITAL STATUS	OCCUPATION <i>If sibling is working student</i>	SCHOOL/ YEAR LEVEL	PERSON PAYING FOR SCHOOL

If Sibling is working:

Name of Sibling (First Name, Last Name)	AGE	MARITAL STATUS	OCCUPATION	COMPANY NAME	AVERAGE MONTHLY INCOME <i>If Sibling is helping in expenses</i>

Does your family own any of the following:

HOME:

Owned Rented Company provided/living with relatives

_____ Number of Bedrooms

VEHICLE

Number of Vehicles: ____

Vehicle Type: _____

Fully Paid Under Amortization Company provided

ADDITIONAL PRPROPERTY

Yes No

If Yes, Type of Property:

- _____ Agriculture (average monthly income: Php _____)
- _____ Commercial (average monthly income: Php _____)
- _____ Residential/House Rental (average monthly income: Php _____)

BELONGS TO ANY GOVERNMENT ASSISTANCE PROGRAM

Yes No

If Yes, please specify (single parent/ 4Ps/ PWD): _____

I hereby certify that foregoing statements and in the accompanying documents are TRUE and CORRECT. Any misinformation will automatically disqualify me from the ISKOLAR NI SANBENITO Program. I also hereby authorize the ISKOLAR NI SAN BENITO COMMITTEE to check the veracity of the report/information given, anytime, as the same constitute the basis for the granting of the scholarship.

Signature over Printed Name of Applicant

Date Signed