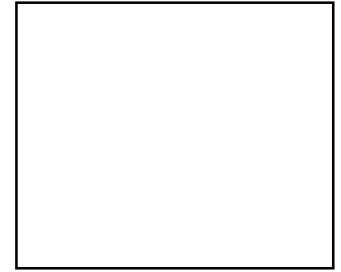


**H**OWARD SCHOLARSHIPS  
 APPLICATION FORM  
 School Year \_\_ - \_\_



Applicant's Name:

\_\_\_\_\_  
 (Legal Name in Birth Certificate)                      Last                      First                      Middle                      Nickname

**INSTRUCTIONS**

1. Parents or guardians of the student-applicant should accomplish this form correctly and completely. Please check the boxes provided.
2. The following documents must be submitted together with this accomplished form:
  - a. Clear photocopy of the most recent Income Tax Return of each parent (employed or self-employed) and the tax withheld on compensation certificate
  - b. Certifications from current employer of each parent employed or siblings of applicant on the annual gross income (breakdown)

All information are confidential. Inaccurate information shall be grounds for automatic and final disqualification.

**I. FAMILY BACKGROUND**

FATHER		MOTHER
	Name	
	Birth date	
	Deceased (Yes/No)	
	Permanent Home Address	
	Zip Code	
	Telephone Number/ Fax Number	
	Cellphone Number	
	Email Address	
	Highest Educational Attainment	
	Last School Attended	
	Occupation	
	If self-employed, nature of work	
	Number of Years in Business	
	Amount of Capital Investment	
	Annual Gross Income	
	Annual Net Profit	
	If employed, Name of Company/Employer	
	Business Address	
	Position	
	Number of years employed in the job	
	Annual Gross Income (Salary)	
	Annual Additional Income (Allowances, Per Diem, Bonus )	
	If Unemployed: Company last employed	
	When	
	Reason(s) for being unemployed	

1. Name(s) of Children					
2. Age					
3. Civil Status					
4. Grade/year/ Highest Educational Attainment					
5. School					
6. Still residing with you?					
7. If currently enrolled, tuition paid by whom?					
8. Enrolled under education plan <input type="checkbox"/> CAP <input type="checkbox"/> Philamlife <input type="checkbox"/> Others (Specify)					
9. If currently availing a scholarship or financial assistance, indicate the type and amount					
10. If already employed, or has own business, what is the occupation/position?					
11. Name of company employed in					
12. Annual Gross Income					
13. Helping with the expenses	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Household <input type="checkbox"/> School	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Household <input type="checkbox"/> School	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Household <input type="checkbox"/> School	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Household <input type="checkbox"/> School	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Household <input type="checkbox"/> School
14. Indicate other dependents living in the house. (Specify)					
15. Other persons (relatives/friends) who help in the expenses?					
16. Educational Amount Contributed					
17. Household Amount Contributed					
18. Number of Helper(s) Salary per Helper					
19. Number of Driver(s) Salary per Driver					

**II. ASSETS**  
**A. House and Lot**

- Single Detached       Apartment       Condo       Townhouse  
 Owned                       Rented                       Under Mortgage

1. Location/Address				
2. Size of Lot				
3. Number of Bedrooms				
4. Number of Toilets				
5. Acquired when?				
6. Cost when acquired?				
7. Present Market Value				
8. How long in this place?				
9. Monthly Rental				
10. Under what agency?				
11. Amount of mortgage				
12. Monthly payment				
13. When total mortgage is due?				

**A. Other Properties**

	Residential	Commercial
<b>Description</b>		
1. Location/Address		
2. Size		
3. Date of Acquisition		
4. Acquired Value		
5. Current Market Value		
6. Monthly Net Income		

**B. Cars/Other Motor Vehicles**

1.	Make	Model	Year	Acquisition	Payment Terms (Pls. Check)		
					Fully Paid	Installment	Monthly Payment (How much?)
1.							
2.							
3.							

**C. Household Items**

Indicate How Much	Date Acquired	Acquisition Cost	<input type="checkbox"/> Fully Paid <input type="checkbox"/> Installment Basis Months/Years to Pay	Monthly Payment
TV Set _____				
Laser Disc _____				
VHS _____				
Personal Computer _____				
Refrigerator _____				
Freezer _____				
Microwave _____				
Air Conditioner _____				
Piano _____				
Electric _____				
Gas Range _____				
Washing Machine _____				
Organ _____				
Cellphone _____				
Telephone (landline) _____				

**III. FAMILY FINANCIAL STATUS**

**A. Monthly Gross Family Income**

Total Salary Income (Father/Mother/Sister/Brother)	Php
Income from Business	
Income from Land Rentals	
Income from Residence/Building Rentals/ Lease	
Retirement Pension	
Commissions	
Support from Relative	
Bank Deposits	
Other (Specify)	
<b>Total</b>	<b>Php</b>

**B. Monthly Gross Family Expenses**

House Rental	Php
Car Loan	
Other Loan Amortization	
School Tuition	
School Bus Payment	
Transportation/Gasoline	
Educational Plan Premiums	
Insurance Policy Premiums	
SSS/GSIS/PAG-IBIG	
Withholding Tax	
School/Office Uniform/Clothing	
Electricity	
Telephone/Cellphone	
Water	
Cooking Gas	
Helper (How many?)	
Driver (How many?)	
Medicines	
Health Insurance Premium	
Doctor's fee/Consultation	
Hospitalization	
Grocery	
Food	
Recreation	
Other (Specify)	
<b>Total</b>	<b>Php</b>

## **CERTIFICATION**

**This is to certify that all information given is accurate. We are aware that any false data shall be grounds for automatic and final disqualification.**

\_\_\_\_\_  
**Signature over Printed Name of Father**

\_\_\_\_\_  
**Signature over Printed Name of Mother**

\_\_\_\_\_  
**Signature over Printed Name of Student/Applicant**

\_\_\_\_\_  
**Date Signed**

**H**OWARD SCHOLARSHIPS  
FRESHMAN APPLICATION FORM  
School Year \_\_\_ - \_\_\_

SCHOLARSHIP RECOMMENDATION FORM

**1. In what capacity have you known the applicant? For how long?**

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**2. Describe the applicant's strong points or aspects for improvement as a student? As a person in general?**

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**3. Describe the financial situation of the applicant's family?**

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**4. Has the applicant been granted assistance in any form during high school (college)?**

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I strongly recommend the applicant for       FULL       PARTIAL      (Percentage %)  
 Scholarship \_\_\_\_\_  
 Tuition, Fees and Books only \_\_\_\_\_  
 Lodging Allowance Only \_\_\_\_\_

I do not recommend the applicant

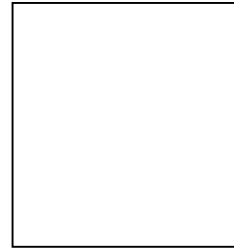
\_\_\_\_\_  
Signature over Printed Name

\_\_\_\_\_  
School

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

**HOWARD SCHOLARSHIPS**  
FRESHMAN APPLICATION FORM  
School Year \_\_\_\_\_ - \_\_\_\_\_



**PERSONAL INFORMATION** (Please print in BLOCK LETTERS all information for this section)

Last Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Present School: \_\_\_\_\_

Complete Permanent Address (Include house number, street, barangay, zip code)

\_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cellphone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
                    Month           Day           Year

Citizenship: \_\_\_\_\_ Sex: \_\_\_\_\_ Civil Status: \_\_\_\_\_

Tribe: \_\_\_\_\_ Religion: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Deceased? ( ) Yes ( ) No

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Highest Educational Attainment: \_\_\_\_\_

Name of Company of Employer: \_\_\_\_\_

Present Occupation/position: \_\_\_\_\_

Business Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Mothers's Name: \_\_\_\_\_ Deceased? ( ) Yes ( ) No

Home Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Highest Educational Attainment: \_\_\_\_\_

Name of Company of Employer: \_\_\_\_\_

Present Occupation/position: \_\_\_\_\_

Business Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Brother(s) and Sister(s) educational attainment (Eldest to Youngest)

Name	Age	Highest Educational Attainment	Last School Attended
1.			
2.			
3.			
4.			
5.			
6.			
7.			

**SCHOLASTIC INFORMATION**

List all honors and awards you have received for academic excellence and co curricular activities in high school. Indicate when you received these:



List all the co – curricular organizations you have participated in. Indicate the position(s) held and year level(s):

List all you sports, interests, special skills and talents.

**SPORTS**

**INTERESTS**

**SPECIAL SKILLS**

**TALENTS**

List the preferred course you want to apply for at Xavier University

First choice: \_\_\_\_\_

Second choice: \_\_\_\_\_

**CERTIFICATION**

**I hereby certify that I have read and fully understood all instructions regarding my application for the Howard Scholarships and that information supplied in this application and the documentation supporting it are correct and complete. I understand that inaccurate information may jeopardize my application for the scholarship.**

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_