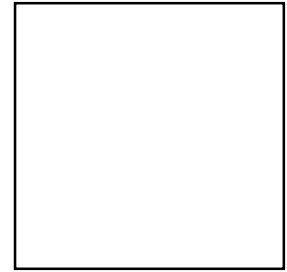


HOWARD SCHOLARSHIPS

APPLICATION FORM

School Year __ - __



Applicant's Name:

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

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
☐ Owned

☐ Apartment
☐ Rented

☐ Condo
☐ Under Mortgage

☐ Townhouse

| | | | | |
|---------------------------------|--|--|--|--|
| 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 |
|-------------------------|-------------|------------|
| Description | | |
| 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

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

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) | |
| Total | Php |

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) | |
| Total | Php |

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

HOWARD SCHOLARSHIPS
FRESHMAN APPLICATION FORM
School Year __ - __

SCHOLARSHIP RECOMMENDATION FORM

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

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

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

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

☐

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