

CLARET SCHOOL PARENT - TEACHER ASSOCIATION SCHOLARSHIP PROGRAM

INSTRUCTIONS:

- The Scholarship Application Form must be submitted together with all application requirements. The Applicant has the option to:
 - (a) Print, fill out manually and email a scanned copy to iluminada_tayamen_pa@claretschool.edu.ph; OR
 - (b) Print in 8.5"x13" size bond paper, fill out manually and submit hard copy to: CSPTA Scholarship Committee c/o The Office of the School Director, Claret School of Quezon City.
- The Scholarship Application Form must be accomplished by parents/guardians of the applicant carefully, truthfully and completely.
- Put "NA" if the information asked for is not applicable to you. Do not leave any space blank.
- Avoid erasures. Countersign erasure for each item corrected. All information shall be considered confidential.
- Applications without the required documents or with incomplete information will not be processed. Parents and the applicant may be called for interview for clarification of data given. All given information will be kept confidential.
- **PLEASE ATTACH TO THIS FORM THE FOLLOWING REQUIREMENTS IN PROPER SEQUENCE:**
 1. Parents' detailed written personal letter about the family's financial situation and the need for financial assistance
 2. Admission letter/notice from CSQC
 3. Student Applicant's PSA Birth Certificate
 4. Report Card or any assessment reports from previous school
 5. Parents' NBI Clearance issued within 1 year from date of application
 6. Parents' valid identification cards
 7. For **each** presently employed parent, submit the following:
 - a. Certificate of Employment with Compensation
 - b. Annual ITR or Certificate of Compensation Payment/Tax Withheld for the previous year. Indicate in your letter if exempted from filing.
 8. If parents are self-employed/own a business, submit the following:
 - a. Nature of work or business
 - b. Annual ITR or Certificate for the previous year. Indicate in your letter if exempted from filing.
 9. If the parents are unemployed, submit any of the following:
 - a. Certificate of Non-Filing of Income Tax issued by the BIR's Revenue District Office in your area
 - b. Affidavit of No Income
 - c. Certificate of Indigency either from the Barangay or the DSWD
 10. Photocopy of latest electric bill
 11. Sketch of your residence showing directions and landmarks from CSQC
 12. Medical certificate of the Student Applicant that he is in good health.
 13. **Other requirements:**
 - One 2"x2" ID picture of the student applicant taken within 3 months
 - Three 3R photos of your permanent residence (full view of the whole house), dining area and kitchen (main and dirty kitchen with the refrigerator in the photo)
 - If applicable, a photo of the building/establishment/place of business.

Name of Student _____
(name in Birth Certificate) Last Name First Name Middle Name Suffix

PARENT TEACHER ASSOCIATION
CLARET SCHOOL OF QUEZON CITY

SCHOLARSHIP APPLICATION FORM

PASTE
RECENT 2"X 2"
Photo of Student

PERSONAL INFORMATION

Name of Student _____
(name in Birth Certificate) Last Name First Name Middle Name Suffix

Permanent Address _____
Unit/Door Number Building/Apartment Name House Number/Street Name

Subdivision/Village Barangay City Zip Code

Contact Numbers _____
Home Telephone Number Mobile Number

Birth Details _____
Birthdate (mm/dd/yyyy) Birthplace

Number of children in the family Applicant's ordinal position in the family
(1st, 2nd ... youngest)

Citizenship _____

Religion _____

Name of Student _____
 (name in Birth Certificate) Last Name First Name Middle Name Suffix

FAMILY BACKGROUND

	PARENT 1	PARENT 2	LEGAL GUARDIAN
Relationship to Student			
Last Name			
First Name			
Middle Name			
Citizenship			
Please indicate if: Solo Parent; Widowed; Separated			
Telephone Number			
Mobile Number			
Email Address			
Educational Attainment • School Attended			
Occupation			
If employed, name of employee			
Position & No of years in the company			
If self-employed, nature of work			
Annual Gross Income			
If unemployed since when & reason for unemployment			
If retired or ever availed early retirement, when and under which company			

Name of Student _____
 (name in Birth Certificate) Last Name First Name Middle Name Suffix

Children (including the applicant) Please use a separate sheet if needed.

Name	Age	Grade/ Occupation	School/Employer	Yearly Tuition & Other Fees/Salary

Name the persons (relatives, friends, etc.) who help with the family household and educational expenses:

Name	Relation to Family	Amount of Yearly Support	Duration & Extent of Support

Number of persons living and working with the family

	Number	Monthly Salary
Household helper		
Driver		
Gardener		
Others, please specify		

Any family member who are under certain petition to migrate abroad? () Yes () No
 If yes, specify who and indicate country: _____

Name of Student (name in Birth Certificate)	_____	_____	_____	_____
Last Name	First Name	Middle Name	Suffix	

ATTACH CLEAR PHOTO OF PERMANENT RESIDENCE HERE.
(Full view of the whole house) (Size 3R or 3.5" x 5")

ATTACH CLEAR PHOTO OF KITCHEN HERE
(Main and dirty kitchen) (Size 3R or 3.5" x 5")

(If applicable)
ATTACH CLEAR PHOTO OF BUSINESS ESTABLISHMENT HERE.
(Size 3R or 3.5" x 5")

Name of Student _____
 (name in Birth Certificate) Last Name First Name Middle Name Suffix

ASSETS

House and Lot (Residence)

Type	<input type="checkbox"/> Condominium <input type="checkbox"/> Townhouse <input type="checkbox"/> Single-detached
Classification	<input type="checkbox"/> Owned, not mortgaged <input type="checkbox"/> Owned, under mortgage <input type="checkbox"/> Rented <input type="checkbox"/> Living with relatives
Location/Address	
Lot area (sq.m.)	
Floor area (sq.m.)	
Number of bedrooms	
Number of bathrooms	
Date of acquisition	
Number of years in residence	
If rented, amount of monthly rental	
If mortgaged, amount of monthly amortization	
Number of years to pay for mortgage	

Vehicles

Make	Model	Year	Fully Paid/On-Loan (indicate monthly payment)

Household items

Type	None	Yes	Number
Television			
Gaming Gadgets: Play Station/ Nintendo, etc			
Personal Computer			
Refrigerator			
Freezer			
Microwave Oven			
Air Conditioner			
Electric / Gas Range			
Washing Machine / Dryer			
Ipad / Tablet			
Cellular Phone			
Landline telephone			

Name of Student _____
 (name in Birth Certificate) Last Name First Name Middle Name Suffix

FINANCIAL STATUS

Monthly Gross Family income

Total Compensation/Income (Father/Mother/Sister/Brother)	Php
Income from Business	
Income from Land Rentals	
Income from Residence/Building Rentals/Lease	
Retirement Pension	
Commissions	
Support from Relatives	
Others:	
TOTAL	Php

Monthly Gross Family Expenses

Food/Grocery	Php
House rent/amortization	
Electricity/Water/LPG	
Telephone/Internet	
School/work allowance	
Transportation (gas/fare)	
Househelper/Driver salary	
Recreational expenses (incl. travel, cable, etc)	
Clothing	
Home repair/improvements	
Insurance	
Medical/Dental	
School Tuition, Other Fees, service	
SSS/Philhealth/HDMF	
Loan Payments	
Others	
Total	Php

Name of Student (name in Birth Certificate)	Last Name	First Name	Middle Name	Suffix
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SIGNED DECLARATION BY THE APPLICANT’S PARENTS/LEGAL GUARDIAN

1. We hereby certify that all the information given here is complete, true, and correct and Claret School of Quezon City (CSQC) and the CSQC Parent Teacher Association (CSQC-PTA) Scholarship Committee are hereby authorized to verify the same through an official inquiry if needed.
2. We understand that misinterpretation of information or withholding of information requested in this form will be considered sufficient reason for disapproval or cancellation of financial aid.
3. We agree that if our child is awarded a scholarship and withdraws from CSQC for non-medical and/or non-academic reasons when he/she fully meets the requirement for retention, our family will reimburse the total amount of financial aid received during the school year that our child is officially enrolled, if applicable.
4. We consent allowing CSQC and the CSQC PTA Scholarship Committee to disclose the data in this application form, information from the supporting documents we submitted and our child’s report card to benefactors who will potentially fund the scholarship of our child.
5. We also allow CSQC and the CSQC PTA to use the information we provided in this questionnaire and supporting documents for possible use in feature articles about the CSQC PTA Scholarship Program or other promotional materials published electronically or in print.
6. We authorize CSQC and the CSQC PTA to control and instruct its authorized personnel to process all information we provided, automated or otherwise including collecting, recording, organizing, storing, updating, modifying, retrieving, consolidating, sharing or using the information and/or documents provided in any other way necessary to pursue its legitimate interests in relation to our application for financial aid.
7. We understand that CSQC and the CSQC PTA may keep the information and/or documents that we have provided for historical and statistical purposes. We agree that our consent under this application form shall remain valid and effective until we deliver a revocation in writing to CSQC and the CSQC PTA.
8. We likewise understand that we have the right to request, upon reasonable grounds, access to the information we provided; have it corrected, erased, or blocked; object to its use; or have it converted into a commonly used format if stored electronically, and that we have to submit our request in writing to:

CSQC PTA Scholarship Committee Chair
 c/o The Office of the School Director
 Claret School of Quezon City
 Mahinhin Street UP Village Quezon City 1101

 Signature over Printed name of Father
 Valid ID and No. _____

 Date Signed

 Signature over Printed name of Mother
 Valid ID and No. _____

 Date Signed

 Signature over Printed name of Legal Guardian
 Valid ID and No. _____

 Date Signed