



Application No.

ATENEO DE MANILA UNIVERSITY

Junior High School

FINANCIAL AID APPLICATION CHECKLIST

for Grade 7 SY 2020-2021

Please attach this checklist to the application form for financial aid and other required documents. The application for Financial Aid will still be a manual, not online process.

NAME OF APPLICANT: (Name on birth certificate)

LAST NAME

GIVEN NAME

FULL MIDDLE NAME

This section is for the AJHS Office of Admission and Scholarships. Do not check the boxes.

- Completed Financial Aid Application Form
- Letter from the parents or guardian explaining the family's financial situation and justifying the need for financial aid
- Clear photocopy of the applicant's **Report Card** for the last completed school year (SY 2017-2018)
- Clear photocopy of the parents' or guardian's **Annual Income Tax Return or Certificate of Tax Withheld** OR a notarized **Certificate of Non-Filing of Income Tax** issued by the BIR's Revenue District Office in your area
- Clear photocopy of the parents' or guardian's **Pay Slips** for the past two (2) months
- Photocopy of the following **Utility Bills** for the past three (3) months:
 - Electricity
 - Water
 - Telephone
 - Credit Card/s (including all pages of the bill that show purchases made on credit)
- One (1) recent ID picture (1" x 1") glued or pasted to the application form
- Three (3) photographs of the family's residence (glued or pasted on the allotted pages in the application form)

Note: Only applications with complete requirements will be processed. Documents filed in support of the application for financial aid become the property of the Ateneo Junior High School and will NOT be returned to the applicant.



ATENEO DE MANILA UNIVERSITY
Junior High School

Paste a
recent
1x1 ID

APPLICATION FOR SCHOLARSHIP/FINANCIAL AID

School Year ____ to ____

New Application Application for Renewal of Grant

Incoming Grade 7 8 9 10

Please provide complete and accurate information. Write N/A if the required information is not applicable. Only applications with complete requirements will be processed.

PERSONAL INFORMATION

NAME _____
Last Name First Name Full Middle Name Nickname

HOME ADDRESS _____

ZIP CODE _____ TEL. NO. _____ MOBILE NO. _____ DATE OF BIRTH _____

LAST SCHOOL ATTENDED _____

Were you a recipient of a scholarship/financial aid grant last school year? YES NO

If YES, what percentage of tuition and fees subsidy did you get? _____

If NO, how did your family settle payment for your tuition and fees last school year?

List all your extra-curricular activities, including positions held in the past 2-3 years.	List any honors or awards you have received for scholastic achievement and deportment in the past 2-3 years.	List your community or church activities.

Were you placed on probation status last SY? Yes No

If YES, please provide a brief explanation of the reason for your probation.

DATA ON PARENTS

FATHER'S NAME _____ AGE _____ LIVING DECEASED
 TEL. NO. _____ MOBILE NO. _____ EMAIL ADDRESS _____
 EDUCATIONAL ATTAINMENT _____ OCCUPATION _____
 ANNUAL INCOME _____
 (IF EMPLOYED) NAME OF COMPANY/EMPLOYER _____
 JOB TITLE/POSITION _____ NO. OF YEARS IN THE COMPANY _____
 (IF SELF-EMPLOYED) NATURE OF WORK/BUSINESS _____
 WORK ADDRESS _____

MOTHER'S NAME _____ AGE _____ LIVING DECEASED
 TEL. NO. _____ MOBILE NO. _____ EMAIL ADDRESS _____
 EDUCATIONAL ATTAINMENT _____ OCCUPATION _____
 ANNUAL INCOME _____
 (IF EMPLOYED) NAME OF COMPANY/EMPLOYER _____
 JOB TITLE/POSITION _____ NO. OF YEARS IN THE COMPANY _____
 (IF SELF-EMPLOYED) NATURE OF WORK/BUSINESS _____
 WORK ADDRESS _____

PARENTS: Together Unmarried Separated/Divorced/Union Annulled Widow/er Single Dad/Mom

Applicant lives with: Both parents Dad Mom Grandparent/s Others _____

(If applicable)

GUARDIAN'S NAME _____ AGE _____ RELATION TO APPLICANT _____
 TEL. NO. _____ MOBILE NO. _____ EMAIL ADDRESS _____
 EDUCATIONAL ATTAINMENT _____ OCCUPATION _____
 ANNUAL INCOME _____
 (IF EMPLOYED) NAME OF COMPANY/EMPLOYER _____
 JOB TITLE/POSITION _____ NO. OF YEARS IN THE COMPANY _____
 (IF SELF-EMPLOYED) NATURE OF WORK/BUSINESS _____
 WORK ADDRESS _____

FINANCIAL STATUS

(Use extra sheets if necessary.)

Data on Residence and Properties

House is							
<input type="checkbox"/> Rented (monthly rent Php _____ years renting _____)							
<input type="checkbox"/> Owned (year acquired _____ amount paid _____ present market value _____)							
<input type="checkbox"/> Owned by the applicant's family <input type="checkbox"/> Owned by relatives							
<input type="checkbox"/> Mortgaged (monthly amortization Php _____ years to pay _____)							
House is shared with (indicate number)							
_____ members of the immediate family _____ members of extended family _____ others (specify) _____							
Lot area/ Floor area		No. of bedrooms		No. of T&B		No. of helpers, drivers	
No. of TV sets		No. of laptops, computer units		No. of refrigerators		No. of aircon units	
OTHER PROPERTIES:		Description		Location	Year acquired	Amount paid	Present market value
Vehicle Make		Model and Year		Year acquired/Acquisition cost		Balance of Mortgage	

Sibling/s Still in School:

Name	Age	Grade/Year	School	Amount of Annual Tuition	% of Scholarship if any	Amount of Grant

Sibling/s Not or No Longer in School:

Name	Age	Civil Status	Occupation	Company	Annual Income	Contribution to Family

Data on Travel: Please indicate trips of the applicant to other countries in the past three years.

Destination	Date/s of Trip	Purpose of trip	How trip was financed

Data on Income and Expenses: Please provide **COMPLETE** and **ACCURATE** information.

Sources of Income & Investments		Monthly Expenses	
Father's annual gross income*		Food & groceries	
Mother's annual gross income*		Tuition payments	
Annual income from other sources		House rent/amortization	
TOTAL ANNUAL GROSS INCOME		Transportation	
TOTAL ANNUAL NET INCOME		Allowances	
Average monthly support from relatives/friends		Utility bills (electricity, water, phone, internet, cable, etc.)	
TOTAL AVE. MONTHLY INCOME		Helpers, drivers	
Investments: ▪ Bank deposits ▪ Money placements ▪ Securities, etc.		Other expenses:	
		TOTAL AVE. MONTHLY EXPENSES	

*If parents are not together, please indicate the financial contribution of the parent even if he/she is not living with the family.

Liabilities:

Description of liability	Payee	Amount payable

Insurance Policies:

Nature of policy	Company	Amount	Yearly premium	Date of maturity

PHOTOGRAPHS OF FAMILY RESIDENCE

ATTACH CLEAR PHOTO OF HOUSE HERE (FULL VIEW OF WHOLE HOUSE).

ATTACH CLEAR PHOTO OF KITCHEN HERE.

ATTACH CLEAR PHOTO OF BEDROOMS HERE.

