



University of Santo Tomas-Legazpi

SCHOLARSHIP APPLICATION FORM

This form is for incoming college freshmen only. Enclose this form and other requirements in a long brown plastic envelope. All requirements must be submitted to the host department of the scholarship you are applying for.

ATTACH
2"x2" PICTURE HERE
(with nametag and white background)

A. PERSONAL INFORMATION

NAME

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Last Name

First Name

Middle Name

NICKNAME	AGE	GENDER	E-MAIL ADDRESS	HEIGHT	WEIGHT

CURRENT ADDRESS

CONTACT NO.

PERMANENT ADDRESS *(disregard if same as Current Address)*

CONTACT NO.

DATE OF BIRTH <i>(MM-DD-YYYY)</i>	PLACE OF BIRTH	RELIGION	CIVIL STATUS

COURSE	MAJOR	YEAR LEVEL

COLLEGE	TYPE OF STUDENT
	OLD <input type="checkbox"/> NEW <input type="checkbox"/>

TYPE OF SCHOLARSHIP APPLIED *(please check)*

<input type="radio"/> Rector's Scholarship <i>(Submit at the Office of Media, Alumni, and Public Affairs)</i>	<input type="radio"/> Sports Scholarship <i>(Submit at the Center for Sports, Wellness, Culture, and the Arts)</i> <i>Please specify sport event:</i> _____
<input type="radio"/> Entrance Scholarship <i>(Submit at the Office of Media, Alumni, and Public Affairs)</i>	<input type="radio"/> Student Assistantship <i>(Submit at the Human Resource Management Office)</i>
<input type="radio"/> Arts Scholarship <i>(Submit at the Center for Sports, Wellness, Culture, and the Arts)</i> <ul style="list-style-type: none"> <input type="checkbox"/> S.T.A.G.E. <input type="checkbox"/> Chorale <input type="checkbox"/> Dance Troupe <input type="checkbox"/> Others: _____ 	<input type="radio"/> Teacher Education <i>(Submit at the College of Arts, Sciences, and Education)</i>

PERSON TO CONTACT IN CASE OF EMERGENCY	RELATIONSHIP

ADDRESS	CONTACT NO.

B. FAMILY BACKGROUND

MOTHER

FATHER

Name:		
Age:		
Occupation:		
Employer's Name:		
Employer's Address:		
Average Monthly Income:		
Other Source of Income:		

	NAME OF SIBLING/S	AGE	CIVIL STATUS	EDUCATIONAL ATTAINMENT
1	_____	_____	_____	_____
2	_____	_____	_____	_____
3	_____	_____	_____	_____
4	_____	_____	_____	_____

C. EDUCATIONAL BACKGROUND

	YEAR <i>(Inclusive years of attendance)</i>	SCHOOL
Elementary		
Junior High School		
Senior High School		

D. ACHIEVEMENTS, TALENTS, AND ABILITIES

AWARDS, DISTINCTION, AND HONORS RECEIVED	YEARS RECEIVED

**include additional sheet if necessary*

CLUBS, ORGANIZATIONS, AND ASSOCIATIONS <i>(include position)</i>	INCLUSIVE YEARS OF MEMBERSHIP

**include additional sheet if necessary*

Skills: _____

Hobbies/Recreation: _____

Languages/Dialects Spoken: _____

Machine/Equipment that you can operate: _____

Computer Software that you know: _____

E. OTHER INFORMATION *(Relatives presently connected with UST-Legazpi)*

NAME	POSITION/DEPARTMENT	RELATIONSHIP

F. CHARACTER REFERENCES

NAME	COMPANY/POSITION	ADDRESS	CONTACT NO.

This form requires your personal information which the University of Santo Tomas-Legazpi will maintain with confidentiality. In observance of the Philippine Data Privacy Act, we ask your consent, by signing at the bottom of this page, for the university to use the same data should internal offices and governing agencies require the submission of your personal information for compliance and other related purposes.

NOTED:

Parent's Signature over Printed Name

Student's Signature over Printed Name

Date: _____

Date: _____