



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 Office of Media, Alumni, and Public Affairs (MAPA).

ATTACH
2"x2" PICTURE
HERE

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 *(MM-DD-YYYY)*

--	--	--	--	--	--	--	--	--	--	--	--

PLACE OF BIRTH

--

RELIGION

--

CIVIL STATUS

--

COURSE

--

MAJOR

--

YEAR LEVEL

--

COLLEGE

--

TYPE OF STUDENT

OLD

NEW

TYPE OF SCHOLARSHIP APPLIED *(please check)*

<input type="radio"/> Rector's Scholarship <input type="radio"/> Entrance Scholarship <input type="radio"/> Arts Scholarship <input type="checkbox"/> S.T.A.G.E. <input type="checkbox"/> Chorale <input type="checkbox"/> Dance Troupe <input type="checkbox"/> Others: _____	<input type="radio"/> Sports Scholarship <i>Please specify:</i> _____
<input type="radio"/> Student Assistantship <input type="radio"/> Teacher Education	

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.

I hereby certify that the above information are true, complete, and correct.

NOTED:

Parent's Signature over Printed Name

Student's Signature over Printed Name

Date: _____

Date: _____