



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

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)

Rector's Scholarship

Entrance Scholarship

Arts Scholarship

S.T.A.G.E.

Chorale

Dance Troupe

Others:

Sports Scholarship

Please specify:

Student Assistantship

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: _____