

C. Family Profile

NO	FAMILY MEMBERS (Last Name, First Name)	RELATIONSHIP TO THE HEAD OF THE FAMILY	SEX		BIRTHDATE	AGE	CIVIL STATUS	INJURED/SICK DURING THE PAST MONTH?		NATURE OF ILLNESS / INJURY	CURRENT MANAGEMENT	HIGHEST EDUCATIONAL ATTAINMENT	EDUCATIONAL STATUS	REASON FOR NOT PURSUING STUDIES	TYPE OF SCHOOL (Public, Private)	TYPE OF JOB	SALARY	OTHER SOURCES OF INCOME	AMOUNT FROM OTHER SOURCES	
			MALE	FEMALE				YES	NO											
			1	2				3	4											5
1																				
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				
10																				

LEGEND :

Total Monthly Income in Pesos	
() 8,000 & below	() 60,001 - 100,000
() 8,001 - 15,000	() 100,001 - 250,000
() 15,001 - 30,000	() 250,001 - above
() 30,001 - 60,000	

Column 10		Column 11		Column 12	Column 13	Column 14	Column 15
EG	Elementary Graduate	NF	No Formal Education	Specify Reason/s	Pu - Public	Write Actual job	Specify nature or origin of additional income
EU	Elementary Undergraduate	PS	Presently Studying		Pr - Private		
HG	Highschool Graduate	SS	Stopped Studying				
HU	Highschool Undergraduate						Example :
CG	College Graduate						Remittance from sister
CU	College Undergraduate						Avon Retailer
VG	Finished Vocational Course						
VU	Didn't finish Vocational Course						

I hereby authorize Far Eastern University to collect, use, process, and share, in accordance with the Data Privacy Act of 2012, any personal and sensitive information I have provided upon application to the university's scholarship grant for any university-related processes and researches, provided that my anonymity is kept confidential.

With this, I pledge that all information I have provided herein are true and correct. I also fully understand that any false information given will negatively affect my scholarship application in the university.

I understand that FEU has the sole discretion to disapprove any application and serves the right to limit the amount of funding based on approved and available funds.

Applicant's Signature over Printed Name

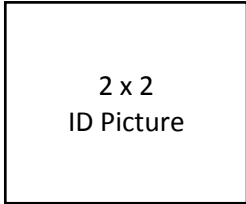
THIS FORM DOES NOT GUARANTEE
AUTOMATIC GRANT OF SCHOLARSHIP.



FAR EASTERN UNIVERSITY

ADMISSIONS AND FINANCIAL ASSISTANCE

Ground Floor, Arts Bldg. Nicanor Reyes Stree, Sampaloc Manila
Telephone No. (02) 735-5621 to 30 local 251/295, (02) 736-0036
www.feu.edu.ph



NEEDS-BASED SCHOLARSHIP GRANT APPLICATION FORM

Name of Scholarship Applying for: _____

Note: Accomplish this form accurately and honestly.

Date: _____

A. General Information

Name : _____

(Surname)

(Given Name)

(Middle Name)

Birth Date : _____ Birth Place : _____ Age : _____ Gender : _____

Civil Status : _____ Number of Children in the Family : _____ Birth Order of Applicant: _____

Present Address : _____ Landmark : _____

No. Street

City/Municipality

Province

(Attach copy of Map)

Provincial Address : _____

No.

Street

Brgy./District

City/Municipality/Province

Zip Code

Contact Nos : _____

(Telephone Number)

(Mobile Number)

(Email Address)

Name of High School : _____

Type of High School : Regular Public Science Private Year of Graduation : _____

Address of High School : _____ GWA (Senior Year) : _____

For FEU Student:

First Enrollment in FEU : _____ Degree Program : _____

(Semester)

(School Year)

(Number of Semester)

Student Number : _____ Year Level : _____ School Year : _____ Previous GWA : _____

B. Other Information

Scholarships/Tuition Grants Received

Nature (example: Entrance, Academic, FEUCSO, External, etc.)	Semester and School Year	Date Granted

Please attach three (3) months billing statement of the following (FOR LEAP APPLICANTS ONLY) :

1. Electric Bill
2. Water Bill
3. Phone Bill (Landline and Mobile)
4. Credit Card/s (Personal and Parents'/Guardians')

Are there special circumstances in your family which may help the University evaluate your financial need?

- No
 Yes

State briefly the circumstances below : (Attach another page if necessary.)

In case of Emergency, please notify the following : (Fill out information for both parents)

NAME	ADDRESS	MOBILE NUMBER	LANDLINE NUMBER
Father/Stepfather			
Mother/Stepmother			
Legal Guardian			