



## **La Salle Green Hills Scholarship and Financial Assistance Program (SFAP)**

As an educational institution, La Salle Green Hills has always worked towards offering quality Christian education. Likewise, it is committed to serving the marginalized sector of society which is the essence of social responsibility, social justice and Christian commitment. This is our unfeigned response to the needs of the less fortunate and a genuine recognition and firm support to the development of human talents and capabilities.

To meet the challenge, the school offers scholarships in the form of financial grants to students who are financially in need and with good academic and deportment standing.

The Scholarship and Financial Assistance Program (SFAP) committee has been organized to facilitate the implementation of this special program.



### **Qualifications for Financial Assistance Scholarship Grant**

1. No grade lower than 78 in any subject
2. No Deportment grade of B (for HS) and S (for GS)

### **Procedure in Applying for Financial Assistance**

Accomplish the Application Form. This form will help the Scholarship and Financial Assistance Program Committee to evaluate your need for financial assistance. Complete this form accurately and honestly. Enlist the help of your parents or guardians in filling the items that you cannot answer yourself.

Submit the following documents along with your application form:

1. Original and photocopy of parents' individual income tax return for the year 2012 and photocopies of Meralco bills for the past 3months.
2. A letter of request for financial assistance written by the applicant to the SFAP Committee. Include the following information:
  - a. Reason (s) for applying for financial assistance
  - b. Other circumstances that have any bearing on your application

3. A photocopy of your grades of the previous year and the first and second trimesters of the current school year
4. Certificate of Residency from the applicant's Barangay
5. Accomplished recommendation form from any two of the following:
  - a. Class Adviser
  - b. Guidance Counselor
  - c. Subject Teacher

Submit the DULY NOTARIZED accomplished application form with the required documents to the Office of the Executive Assistant to the President on or before \_\_\_\_\_, 2015. Failure to submit the accomplished application form with complete requirements on the deadline will disqualify applicant from receiving financial assistance scholarship.

Application for financial assistance will not be processed until all the required documents have been submitted. The documents will be evaluated by the SFAP Committee. If necessary, the applicant may be required to appear for an interview.

All documents and information will be held in strict confidence and will be used solely for determining the merit of the application.

Results will be released on \_\_\_\_\_.

**All applications for scholarship and financial assistance will be screened and deliberated upon by the SCHOLARSHIP AND FINANCIAL ASSISTANCE PROGRAM COMMITTEE**



## Scholarship and Financial Assistance Program (SFAP) Office

343 Ortigas Avenue, Mandaluyong City 1502

Telephone No. 721-2000 loc. 726

### PERSONAL AND FAMILY BACKGROUND INFORMATION SHEET

Scholarship Application Status

NEW

RENEWAL

Please provide a 2x2 photo and attach to this form.

#### PERSONAL BACKGROUND

Name: \_\_\_\_\_  
Last First Middle

Grade/Year Level and Section: \_\_\_\_\_ Nationality: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Month Day Year

Telephone no/s: \_\_\_\_\_ Mobile no/s: \_\_\_\_\_

Present Address: \_\_\_\_\_

Provincial Address: \_\_\_\_\_

Are you currently enjoying any form of scholarship or financial assistance?

Yes

No

If Yes, Specify type: \_\_\_\_\_

Did you enjoy some form of scholarships for the past 3 school years? If yes, please indicate years and check percentage of tuition discount received.

School Year/s	25%	50%	75%	100%
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**FAMILY BACKGROUND**

<b>FATHER</b>		<b>MOTHER</b>
	<b>NAME</b>	
	<b>AGE</b>	
	<b>NATIONALITY</b>	
	<b>HOME ADDRESS</b>	
	<b>E-MAIL ADDRESS</b>	
	<b>TEL. &amp; MOBILE NOS.</b>	
	<b>OCCUPATION</b>	
	<b>EMPLOYER</b>	
	<b>BUSINESS ADDRESS</b>	
	<b>TELEPHONE NO.</b>	
	<b>EDUCATIONAL ATTAINMENT</b>	
	<b>LAST SCHOOL ATTENDED</b>	

**STATUS OF PARENTS:**

Married/Living Together   
  Separated   
  Father Deceased   
  Mother Deceased

**GUARDIAN** (if not living with parents)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE NO/S: \_\_\_\_\_

MOBILE NO/S: \_\_\_\_\_

**SIBLINGS** ( Please list from eldest to youngest)

NAME	AGE	CIVIL STATUS	HIGHEST EDUCATIONAL ATTAINMENT	SCHOOL	CURRENT EMPLOYMENT

**FAMILY'S ANNUAL INCOME:**

below 130,000                     
  264,201 – 528,000                     
  1,000,001 – 2,100,000  
 130,001 – 264,200                     
  528,001 – 1,000,000                     
  above 2,100,000

**RESIDENCE:**

Owned                                     
  Living with Relatives                     
  Rented (P \_\_\_\_/month)  
 Others: \_\_\_\_\_

**SOURCE OF SUPPORT FOR STUDIES:** \_\_\_\_\_

We hereby certify that the information given herein and in the accompanying documents are true and correct. We also hereby authorize the SFAP Committee to check at any time the veracity of the foregoing data and report given since the same constitute the basis for the granting and/or continuance of financial assistance.

\_\_\_\_\_  
Applicant  
(Signature over printed name)

Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian  
(Signature over printed name)

Date \_\_\_\_\_

**KINDLY SUBMIT THIS FORM TOGETHER WITH THE RECOMMENDATION FORMS FOR FINANCIAL ASSISTANCE AND ALL THE REQUIRED DOCUMENTS TO THE OFFICE OF THE EXECUTIVE ASSISTANT TO THE PRESIDENT.**



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343 Ortigas Avenue, Mandaluyong City 1502

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### RECOMMENDATION FOR FINANCIAL ASSISTANCE

**INSTRUCTION:** Please fill in name and scholarship application status and have the lower portion filled out by any two of the following: a) adviser, b) subject teacher or, c) guidance counselor (preferably the ones who know you best.)

Please PRINT YOUR NAME CLEARLY on two [2] self-provided legal size letter envelopes. The persons recommending you must insert the completed form into the envelope and return it to you sealed. The sealed envelopes must be submitted to the **Office of the Executive Assistant to the President** along with the application form and other required documents.

PLEASE PRINT ALL ENTRIES

*To be filled out by the applicant*

Name of Applicant \_\_\_\_\_  
Last First Middle

Scholarship Application Status:  New  Renewal

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*To be filled out by the adviser, subject teacher or guidance counselor*

The student whose name appears above is applying for Financial Assistance. To help the Scholarship and Financial Assistance Program (SFAP) Committee evaluate the qualifications of the applicant, kindly answer the items below as sincerely as possible.

Do you have enough information about the applicant's family to say that they will not be able to afford to send him to LSGH without a scholarship next school year?  Yes  No

Will the applicant's family be able to send him to LSGH even without a scholarship?  Yes  No

Please use the portion below in case you have any comments about the applicant's qualification for financial assistance or academic ability. (*The SFAP Committee will greatly appreciate your accomplishment of this portion.*)

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\_\_\_\_\_

Date

\_\_\_\_\_

Signature over printed name of  
person making the recommendation

\_\_\_\_\_

Designation / Position

**IMPORTANT: After accomplishment of this form, please put this in the envelope provided by the applicant, seal it and sign on the flap.**