



La Salle Green Hills
Lasallian Educational Assistance Program Office
 343 Ortigas Avenue, Mandaluyong City
 Email: leap@lsg.edu.ph

Attach 2 x 2 photo

APPLICATION FOR SCHOLARSHIP / FINANCIAL ASSISTANCE
 SCHOOL YEAR 20 __ - 20 __

DATA PRIVACY POLICY

The LSGH - Office of the Lasallian Educational Assistance Program collects the personal information of student-applicants and their parents/guardians for scholarship/financial assistance grant application, renewal, and evaluation. LSGH uses and shares this information, if needed, as permitted or required by law to pursue the school's legitimate interests as an educational institution. The same information may also be shared with the school's scholarship benefactors/donors.

By filling up the form below you are consenting to the processing of Information for the aforesated reasons. Information shall only be retained until it serves its purpose after which it shall be securely disposed of.

For queries and complaints with regards to Data Privacy, please contact the Data Protection Officer via email at dpo@lsg.edu.ph.

Thank you.

Application Status

New *Renewal*

Incoming Grade 7 8 9 10 11 12

PERSONAL BACKGROUND

Name: _____
 Last First Middle

Date of Birth : _____ Age : _____

Place of Birth : _____ Nationality : _____

Father's Name : _____

Mother's Name : _____

Present Address : _____

Provincial Address : _____

Telephone no/s : _____ Mobile no.: _____

EDUCATIONAL BACKGROUND

Student no.: _____

Grade level started in LSGH : _____ Current grade level & section : _____

Are you currently receiving any form of scholarship / financial assistance? Yes No

If Yes, specify type:

Br. Rafael Donato FSC Academic Scholarship

Financial Grants

Br. Rolando Dizon FSC Athletic Scholarship

Others _____

Please indicate the years and check the percentage of tuition discount you received from the scholarship / financial assistance.

School Year/s	25%	50%	75%	100%	Others (%)
1. _____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. _____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. _____ - _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

FAMILY BACKGROUND

FATHER		MOTHER
	NAME	
	AGE	
	NATIONALITY	
	HOME ADDRESS	
	TEL. & MOBILE NO.	
	e-mail address	
	LAST SCHOOL ATTENDED	
	EDUCATIONAL ATTAINMENT	
	OCCUPATION	
	BUSINESS ADDRESS	
	TELEPHONE NO.	
Employment () Employed () Unemployed () Self-employed Employer: _____ Job Title/Position: _____ For NON-LSGH PERSONNEL ONLY Reason: (If unemployed) _____ _____	EMPLOYMENT	Employment () Employed () Unemployed () Self-employed Employer: _____ Job Title/Position: _____ For NON-LSGH PERSONNEL ONLY Reason: (If unemployed) _____ _____
Monthly Basic Salary/Income P _____ Individual Tax Compensation : P _____	ITR Income/ Basic Salary For NON-LSGH PERSONNEL ONLY	Monthly Basic Salary/Income P _____ Individual Tax Compensation : P _____

STATUS OF PARENTS:

Married/Living Together Separated Father Deceased Mother Deceased

APPLICANT LIVES WITH:

Birth Parents Mom Dad others _____

GUARDIAN (if not living with parents)

NAME: _____

ADDRESS: _____

TELEPHONE NO/S: _____ MOBILE NO/S: _____

SIBLING/S (Please list from eldest to youngest)

Still in School:

Name	Age	Grade	School	Annual Tuition	On Scholarship (Yes/No)	Amount of Grant

Not / No Longer in School:

Name	Age	Civil Status	Occupation	Company	Contribution to Family

- Indicate other dependents living with the family. _____ How many? _____
- Are there other relative/friends helping with family expenses? Yes No
 If Yes, a) Who: _____
 b) In what ways: _____
- Source/s of Support for Studies: _____

RESIDENCE and PROPERTIES [For NON-LSGH PERSONNEL only]

Residence :					
<input type="checkbox"/> Owned (year acquired _____ Present market value _____)					
<input type="checkbox"/> Rented (monthly rental _____ No. years renting _____)					
<input type="checkbox"/> Mortgage (No. of years mortgage _____ % paid _____)					
Lot area / Floor area		No. of bedrooms		No. of Refrigerator(s)/	No. of helpers, drivers
No. of TV sets		No. of computer units			No. of aircon units
Vehicle/s Make			Model and Year		
Electric Bill (latest 3 months)	_____/_____ (month/year) (amount)	_____/_____ (month/year) (amount)	_____/_____ (month/year) (amount)	_____/_____ (month/year) (amount)	_____/_____ (month/year) (amount)

We hereby certify that the information given herein and in the accompanying documents are true and correct. We also hereby authorize LEAP Office 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)

 PARENT/GUARDIAN
 (SIGNATURE OVER PRINTED NAME)

 DATE