

**DO NOT WRITE ANYTHING IN THIS BOX.**

*For GIA Committee Members Only*

Interview Date: \_\_\_\_\_

Time: \_\_\_\_\_ Queue number: \_\_\_\_\_

Remarks: \_\_\_\_\_

Check the blank below: (You can check 1 or more blanks)

\_\_\_\_ Applicant is a new / transferee pupil.

\_\_\_\_ Applicant is a GIA grantee last SY 2022-2023.

\_\_\_\_ Applicant is a new GIA applicant.

Write the information needed below:

Name of the guardian / parent of the applicant: \_\_\_\_\_

Contact Number (preferably mobile number): \_\_\_\_\_ email address: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Incoming Grade Level: \_\_\_\_\_



## ATENEO DE DAVAO UNIVERSITY

GRADE SCHOOL

Mac Arthur Highway, Matina, 8021 Davao City, Philippines

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In Consortium with Ateneo de Zamboanga University and Xavier University

### Promotions and Alumni Affairs Office (PAAO)

### GRANT-IN-AID (GIA) SCHOLARSHIP APPLICATION FORM

SY 2023 – 2024

**Directions:** The GIA Scholarship Program extends financial assistance to pupils who are financially challenged and who have the desire to pursue a Jesuit Education at the Ateneo de Davao University-Grade School.

In order for us to consider your application to the program, please honestly provide the necessary information asked for in this Application Form. You may either write in print or type the information needed.

Please submit the completed application form together with the other supporting documents on or before **June 24, 2023**. Please note that the **GIA staff will check the requirements as you submit them** at the PAAO or at the Asst. Headmaster for Formation Office. **Application forms with incomplete requirements will not be accepted.**

**SCHEDULE OF INTERVIEW:** The onsite interview will be on **July 15, 2023, Saturday from 9 a.m. to 4 p.m. at the GS Conference Room.** Kindly bring all original documents such as Report Card, ITR, etc. for verification.

Latest 2x2 photo of the pupil applicant

QUALIFICATIONS:	REQUIREMENTS: <i>When you submit this form, kindly arrange the requirements in this order.</i>
<p><b>General Qualification:</b></p> <ol style="list-style-type: none"><li>1. An incoming Grade 1 to Grade 6 pupil</li><li>2. Family gross income should not exceed Php 400,000.00</li><li>3. The only applicant from his/her family</li></ol> <p><b>Specific Qualifications:</b></p> <p><i>Old pupil applicant:</i></p> <ol style="list-style-type: none"><li>a. A General Average of at least 80%, with no grade lower than 80% in all academic subjects</li><li>b. A letter grade of not lower than C in all non-academic subjects</li><li>c. A mark of C and above in the Conduct</li></ol> <p><i>New pupil applicant:</i></p> <ol style="list-style-type: none"><li>a. Clear pass result in the Entrance Test</li><li>b. Certificate of Good Moral Character</li><li>c. A General Average of at least 85%, with no grade lower than 85% in all academic subjects, non-academic subjects, and conduct</li></ol>	<ol style="list-style-type: none"><li>1. Duly accomplished GIA Application Form</li><li>2. A <b>detailed personal letter</b> addressed to the GIA Committee stating the need for financial support for the pupil applicant</li><li>3. <b>Photocopy of the Report Card</b> of the applicant</li><li>4. Any of the following:<ul style="list-style-type: none"><li>____ <b>Photocopy of parents' latest Income Tax Return (ITR)</b></li><li>____ <b>Photocopy of latest pay slip/payroll record of parents</b> for 2 consecutive months</li><li>____ if both parents are not gainfully employed, a <b>Certification of Low/No Income issued by the barangay where the pupil applicant resides should be presented</b></li></ul></li><li>5. <b>Photocopy of latest light bills</b> for 2 consecutive months</li></ol> <p><i>For New Pupil Applicant:</i></p> <ol style="list-style-type: none"><li>6. Photocopy of Notice of Acceptance (<b>with Clear Pass</b>)</li><li>7. Certificate of Good Moral Character</li></ol> <p><i>GIA Application Form should have the following:</i></p> <ul style="list-style-type: none"><li>• Latest 2x2 photo of the pupil applicant</li><li>• 4R picture of house façade and kitchen</li><li>• Sketch the Map of the Applicant's Residence</li></ul>

#### A. STUDENT'S GENERAL INFORMATION

1. Full Legal Name: \_\_\_\_\_  
Last Name First Name Middle Name

2. Complete Address: \_\_\_\_\_

3. Sex: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

4. Citizenship: \_\_\_\_\_ Religion: \_\_\_\_\_ Contact Number: \_\_\_\_\_  
(Landline or Cellphone #)

5. School Presently Attending: \_\_\_\_\_ Incoming Grade Level: \_\_\_\_\_  
(Grade Level by SY 2023-2024)

6. Last School Attended: (for new pupils) \_\_\_\_\_



**B. FAMILY INFORMATION**

7. Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Highest Educational Attainment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Nature of Work: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
 If unemployed, state source of income of financial sustenance: \_\_\_\_\_  
 If deceased/retired, amount of GSIS/SSS Pension: \_\_\_\_\_

8. Mother's Name: \_\_\_\_\_ Age: \_\_\_\_\_  
 Highest Educational Attainment: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Nature of Work: \_\_\_\_\_ Annual Income: \_\_\_\_\_  
 If unemployed, state source of income of financial sustenance: \_\_\_\_\_  
 If deceased/retired, amount of GSIS/SSS Pension: \_\_\_\_\_

9. Number of Children in the Family: \_\_\_\_\_

10. List down the children who have graduated /or are no longer in school.

Name	Age	Civil Status	Highest Educational Attainment	Occupation	Company	Annual Gross Income

11. List down the children who are still in school **including applicant**.

Name	Age	Grade/Year level	School	Yearly Tuition	Tuition Paid by Whom?

12. List down other dependents **excluding the pupil applicant** who are living in the house (e.g. grandparents, aunts, nephews, nieces etc.)

Name	Age	Civil Status	Relation to Applicant

13. Name/s of person (relatives, friends, etc.) other than you who help with the household and educational expenses. Indicate extent of financial support.

Name	Amount	Relation to Applicant's Parent

14. Are any of your children currently granted scholarship in the AdDU?

Please check: Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, please write their names and the type of scholarship.

Name of Child	AGE	Type of Scholarship	Percent	School Year Granted	Amount

15. Were any of your children on Grant-in-Aid in the past?

Please check: Yes: \_\_\_\_\_ No: \_\_\_\_\_

Name of Child	AGE	Type of Scholarship	Percent	School Year Granted	Amount

16. Are any of your children enrolled under an educational plan?

Name of Child	AGE	Company Plan	Total Amount of Plan	Total Amount Payable	School Year Applicable

**C. FAMILY FINANCIAL STATUS**

*(Please complete these two columns, otherwise your application will be considered INCOMPLETE)*

**GROSS INCOME (per year in PESOS)**

Combined Annual Salary \_\_\_\_\_  
 Father \_\_\_\_\_  
 Mother \_\_\_\_\_  
 Profit on Business \_\_\_\_\_  
 Profit on Lands \_\_\_\_\_  
 Rentals on Properties \_\_\_\_\_  
 Financial Support of Relatives \_\_\_\_\_  
 Retirement Benefits/Pension \_\_\_\_\_  
 Commission \_\_\_\_\_  
 Others \_\_\_\_\_  
**Sub-Total** \_\_\_\_\_

**Bank Deposits:**

Savings Account \_\_\_\_\_  
 Checking Account \_\_\_\_\_  
 Time Deposits \_\_\_\_\_

**Sub-Total** \_\_\_\_\_

**TOTAL GROSS ANNUAL INCOME** \_\_\_\_\_

**FAMILY EXPENSES (per month in PESOS)**

(Family Monthly Budget)  
 Food & Grocery \_\_\_\_\_  
 House Rent/ Amortization \_\_\_\_\_  
 Cable/Electricity, Gas, Water \_\_\_\_\_  
 Telephone, Cellphone \_\_\_\_\_  
 Broadband, Internet \_\_\_\_\_  
 Clothing, Uniform, etc. \_\_\_\_\_  
 Transportation/Fuel \_\_\_\_\_  
 Helper \_\_\_\_\_  
 Medicines \_\_\_\_\_  
 Credit Card, Loan Amortization \_\_\_\_\_  
**Sub-Total x 12 months** \_\_\_\_\_

School Tuition & Fees (per year) \_\_\_\_\_  
 School Books & Supplies \_\_\_\_\_  
 Insurance Plans \_\_\_\_\_

**TOTAL ANNUAL EXPENSES** \_\_\_\_\_

17. Do you have a business/home industry? \_\_\_\_\_ What kind? \_\_\_\_\_  
 Number of employees: \_\_\_\_\_ Date started: \_\_\_\_\_  
 Capital Invested: \_\_\_\_\_ Annual Net Profit: \_\_\_\_\_

18. Do you have farmlands/ fishponds? \_\_\_\_\_ No. of hectares: \_\_\_\_\_  
 Number of workers: \_\_\_\_\_ Type of crops/ fish: \_\_\_\_\_  
 Approximate net profit per hectare per year: \_\_\_\_\_

19. Other properties owned (*residential, commercial, etc.*)

Description and/or Use	Location	Size	Date Acquired	Value at Acquisition	Present Market Value	Yearly Net Income

**D. PERMANENT RESIDENTIAL INFORMATION**

20. Location: \_\_\_\_\_ Number of Years: \_\_\_\_\_

Type of Residence: *(Place a check on whichever is appropriate)*

House                       Apartment                       Boarding House                       Living with Relatives

Ownership: *(Place a check on whichever is appropriate)*

Owned    By whom? \_\_\_\_\_

Description of Residence: \_\_\_\_\_

Rented    From whom? \_\_\_\_\_                      Monthly Rental: \_\_\_\_\_

Description of Residence: \_\_\_\_\_

Loaned    Monthly Amortization: \_\_\_\_\_                      Arrears: \_\_\_\_\_

Description of Residence: \_\_\_\_\_

Company Loaned from: \_\_\_\_\_

21. Other Residential Information:

Paste the  
MOST RECENT PICTURE OF THE FRONT/FAÇADE OF THE  
APPLICANT'S RESIDENCE HERE.

Use a 4R (4" by 6") Print  
Picture in Landscape Orientation



Paste the  
MOST RECENT PICTURE OF THE KITCHEN/DINING OF THE  
APPLICANT'S RESIDENCE HERE.

Use a 4R (4" by 6") Print  
Picture in Landscape Orientation please

22. Sketch the Map of the Applicant's Residence

*(Please include landmarks that will greatly help the GIA Committee in locating your residence for ocular inspection.)*



23. HOUSEHOLD POSSESSIONS:

	ACQUIRED WHEN	ACQUISITION COST	BALANCE to be PAID	MONTHLY PAYMENT
TV SETS	_____	_____	_____	_____
DVD	_____	_____	_____	_____
Personal Computer	_____	_____	_____	_____
Refrigerators/Freezers	_____	_____	_____	_____
Microwave/Oven	_____	_____	_____	_____
Air Conditioner	_____	_____	_____	_____
Piano/Organ	_____	_____	_____	_____
Cars & Other Motor Vehicles	_____	_____	_____	_____
Year/Model	_____	_____	_____	_____
Air condition unit	_____	_____	_____	_____
Others (Please specify)	_____			

**Other Information**

24. Name two persons in your community (excluding relatives) whom the Committee may get in touch with for possible inquiry. (Do not leave this blank).

NAME	ADDRESS	CONTACT NUMBERS

25. In the space provided below, please write down other pertinent information which you think might help the committee decide on your request for the scholarship for your child/ward.

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26. If your child/ward is not granted a scholarship this coming school year, will you still enroll him/her in the Ateneo de Davao University-Grade School? (Please put a check on whichever is appropriate.)

YES       NO       MAYBE

# AGREEMENT

We hereby certify that all information written on this Grant-in-Aid Application Form are true and correct and that we adhere to the guidelines written below.

**Guidelines:**

1. Grounds for the cancellation of the scholarship grant. The school reserves the right to revoke/cancel anytime the scholarship granted to a student on the following grounds.
  - a. Failure to maintain the academic and non-academic requirements set by the GIA Scholarship Program.
  - b. If the scholar has committed any major offense as defined in the Student Handbook.
  - c. If the documents submitted to the GIA Committee are found falsified.
  - d. If parents/guardians has failed to attend Formation sessions/meetings
2. Parents/guardians of the GIA grantees are required to attend Formation sessions/ meetings.
3. Starting this school year, grantees can reapply for two more consecutive years from the time he/she is granted the scholarship.

Furthermore, we are hereby authorizing the **ATENEO DE DAVAO UNIVERSITY-GRADE SCHOOL** to verify the said information written on this application form for the purpose of deciding on whether or not to grant our child/ward, \_\_\_\_\_ a Grant-in-Aid Scholarship for the SY 2023 - 2024.

Signed this \_\_\_\_\_ of \_\_\_\_\_, 2023.

\_\_\_\_\_  
Father's Signature over Printed Name

Contact Number: \_\_\_\_\_

\_\_\_\_\_  
Mother's Signature over Printed Name

Contact Number: \_\_\_\_\_

\_\_\_\_\_  
Official Guardian's Signature over Printed Name

Contact Number: \_\_\_\_\_

