

Check the blank below. (You can check 1 or more blanks)
 ___ Applicant is a new / transferee pupil.
 ___ Applicant is a GIA grantee last SY 2025-2026.
 ___ 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: _____

<p>DO NOT WRITE ANYTHING IN THIS BOX. For GIA Committee Members Only</p> <p>CLUSTER: _____ Time: _____ Complete Requirements: Y N Queue number: _____ Remarks: _____</p>
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ATENEO DE DAVAO UNIVERSITY

GRADE SCHOOL

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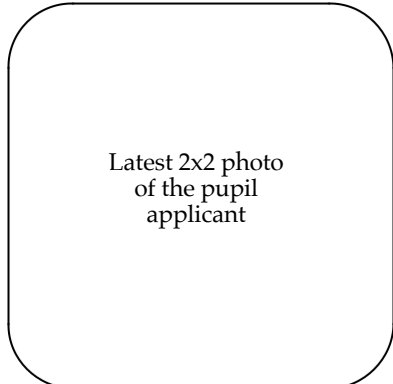
In Consortium with Ateneo de Zamboanga University and Xavier University

Promotions and Alumni Affairs Office

GRANT-IN-AID (GIA) SCHOLARSHIP APPLICATION FORM SY 2026 – 2027

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 with the other supporting documents on or before **16 May 2026**. Please note that the GIA staff will check the requirements as you submit them to the Promotions and Alumni Affairs Office / Prefect of Discipline Office / Asst. Headmaster for Administration's Office.



SCHEDULE OF INTERVIEW: The onsite interview will be on **Saturday, 25 May 2026, 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. Please submit the completed application form with the other supporting documents on or before **16 May 2026**. **Application forms with incomplete requirements will not be accepted.**

QUALIFICATIONS:	REQUIREMENTS: <i>When you submit this form, kindly arrange the requirements in this order.</i>
<p>General Qualification:</p> <ol style="list-style-type: none"> 1. An incoming Kindergarten, Grade 1 to Grade 6 pupil 2. Family gross income should not exceed Php 400,000.00 3. The only applicant from his/her family <p>Specific Qualifications:</p> <p><i>Old GIA grantee pupil applicant:</i></p> <ol style="list-style-type: none"> a. A General Average of at least 80%, with no grade lower than 80% in all academic subjects b. A letter grade of not lower than C in all non-academic subjects c. A mark of C and above in the Conduct <p><i>New GIA pupil applicant:</i></p> <ol style="list-style-type: none"> a. For Kindergarten: A clear pass in the admission process (Notice of Acceptance) for new or transferee pupils, or a clear pass in the final report card for current pupils. b. For Grades 1-6: A General Average of at least 85%, with no grade lower than 85% in all academic subjects, non-academic subjects, and conduct 	<ol style="list-style-type: none"> 1. Duly accomplished GIA Application Form 2. A detailed personal letter addressed to the GIA Committee stating the need for financial support for the pupil applicant 3. Photocopy of the Report Card of the applicant 4. Proof of source of income: (<i>BOTH parents must provide any of the following documents, if available.</i>) <ol style="list-style-type: none"> A. Photocopy of parents' latest Income Tax Return (ITR) B. Photocopy of latest pay slip/payroll record of parents for 2 consecutive months C. if both parents are not gainfully employed, a Certification of Low/No Income issued by the barangay where pupil applicant resides 5. Photocopy of latest light bills for 2 consecutive months <p><i>For Old GIA grantee Pupil Applicant:</i></p> <ol style="list-style-type: none"> 6. Copy of Certificate of Formation Session last 10 October 2025 <p><i>For applicants who have recently received their Notice of Admission.</i></p> <ol style="list-style-type: none"> 7. Photocopy of Notice of Acceptance (with Clear Pass) 8. Certificate of Good Moral Character <p><i>GIA Application Form should have the following:</i></p> <ul style="list-style-type: none"> • Latest 2x2 photo of the pupil applicant • 4R picture of house façade and kitchen • Sketch the Map of the Applicant's Residence

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 2026-2027)
6. Last School Attended: (for new pupils) _____

B. FAMILY INFORMATION

7. Father's Name: _____ Age: _____
 Highest Educational Attainment: _____ Occupation: _____
 Nature of Work: _____ Gross Annual Income: _____
as reflected in the ITR, or by multiplying the monthly income by 12 if a pay slip is submitted
 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: _____ Gross Annual Income: _____
as reflected in the ITR, or by multiplying the monthly income by 12 if a pay slip is submitted
 If unemployed, state source of income of financial sustenance: _____
 If deceased/retired, amount of GSIS/SSS Pension: _____

9. Number of Children in the Family (include the applicant): _____

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

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

11. 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

12. List down other dependents **excluding the pupil applicant** and immediate family members 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	Annual Amount	Relation to Applicant's Parent
TOTAL		

14. Are any of your other 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	Indicate if JHS, SHS, College, or ADDU EOB	Type of Scholarship	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. 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

C. FAMILY FINANCIAL STATUS

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

20. HOUSEHOLD POSSESSIONS:

	YEAR MODEL	NUMBER OF PIECES	CHECK IF FULLY PAID	MONTHLY PAYMENT (IF APPLICABLE)
TV SETS	_____	_____	_____	_____
HOME APPLIANCES	_____	_____	_____	_____
PERSONAL COMPUTER	_____	_____	_____	_____
LAPTOP/ IPAD	_____	_____	_____	_____
AIR CONDITIONER	_____	_____	_____	_____
MUSICAL EQUIPMENT	_____	_____	_____	_____
Cars	_____	_____	_____	_____
OTHER MOTOR VEHICLES	_____	_____	_____	_____

21. SUMMARY OF FAMILY FINANCIAL STATUS

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

ANNUAL GROSS INCOME (in PESOS)

MONTHLY FAMILY EXPENSES (in PESOS)

Father _____ (REFER TO NUMBER 7, ANNUAL INCOME)
 Mother _____ (REFER TO NUMBER 8, ANNUAL INCOME)
 Combined Annual Salary _____
 Profit on Lands _____
 Rentals on Properties _____
 Financial Support of Relatives _____
 (REFER TO NUMBER 13)
 Retirement Benefits/ Pension _____
 Commission _____
 Others _____

Savings & Bank Deposits:
 Savings Account _____
 Checking Account _____
 Time Deposits _____

TOTAL GROSS ANNUAL INCOME _____

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 _____

D. PERMANENT RESIDENTIAL INFORMATION

22. Location: _____ Number of Years: _____

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

House Apartment Boarding House Condominium

Living Conditions: *(Place a check on whichever is appropriate)*

Owned By whom? _____

Number of family member Residents: _____. Is this house being renovated? Yes / No

Owned by relative By whom? _____

Number of family member Residents: _____. Is this house being renovated? Yes / No

Loaned Monthly Amortization: _____ Arrears: _____

Number of family member Residents: _____. Is this house being renovated? Yes / No

Company Loaned from: _____

Rented From whom? _____ Monthly Rental _____

Description of Residence: _____

23. 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

24. 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. You may also attach a GOOGLE MAP image of your location)

Other Information

25. 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

A G R E E M E N T

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 2026 - 2027.

Signed this _____ of _____, 2026.

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: _____