



AMA Foundation, Inc.

Broadening Educational Opportunities for Filipinos Since 1985

APPLICATION for FINANCIAL AID

Revised 17 September 2002

Page 1 of 3

Date of Application _____

Name of Student: _____ Student ID no: _____
 Family Name Given Name Middle Name Year / Grade Level: _____
 Type of Scholarship Program: _____ Course: _____
 Branch / Unit / Location: _____ School Year / Period: _____

All information will be treated strictly confidential

IMPORTANT: PLEASE FILL UP THIS FORM COMPLETELY TO FACILITATE PROCESSING OF YOUR APPLICATION.

Please write LEGIBLY and indicate NONE and NOT APPLICABLE whenever appropriate.

**THE APPLICANT SHALL SOLELY ACCOMPLISH THIS APPLICATION FORM*

Type of Student Freshmen Transferee from Non-AMA school Old Student (Scholarship Renewal, if required)

A. PERSONAL DATA OF STUDENT *(Attach Two copies of 2 x 2 Colored ID picture of Applicant)*

Maiden Name (if married) _____ Civil Status _____ Date of Birth ____/____/____ Place of Birth _____
 Sex _____ Age _____ Weight _____ Height _____ Citizenship _____ Hobbies _____
 Special Talent / Skills _____ Cell phone _____
 Home Address _____ Telephone _____

Person to Contact, in case of emergency _____ Phone No. _____
 Address _____ Relationship _____

B. EDUCATIONAL BACKGROUND OF STUDENT

1. Elementary Education Type of School Public Private AMA Entrance Examination Score _____
 Name of School _____ Scholarship(s) received _____
 Address _____ Year Graduated _____
 Honor(s) received _____

2. Secondary Education Type of School Public Private, Non Sectarian Private, Sectarian
 Name of School _____ Year Graduated _____
 Address _____ Tuition Fee in HS (per year) _____
 HS GWA _____ Honor(s) received _____ Scholarship(s) received: _____

3.a For Transferees: Type of School Public Private
 Name of School _____ Contact Nos. _____
 Address _____ Year/Semester last attended _____
 Scholarship(s) received: _____ Fees per semester: _____

3.b. Vocational Education- Name of School _____ Year Graduated _____
 Address _____ Type of School Public Private

C. FAMILY BACKGROUND *(Attach Two copies of 2 x 2 Colored ID picture of Parent/Legal Guardian/Spouse)*

1. Father's Name _____ Educational Attainment _____
 Age _____ Occupation / Employer _____ Income per year _____ Tax ID # _____
 SSS/GSIS # _____ Status (check all applies) Deceased Widow Separated Single Parent Abroad

2. Mother's Name _____ Educational Attainment _____
 Age _____ Occupation / Employer _____ Income per year _____ Tax ID # _____
 SSS/GSIS # _____ Status (check all applies) Deceased Widow Separated Single Parent Abroad

Legal Guardian's Name _____ Educational Attainment _____
 Age _____ Occupation / Employer _____ Income/Salary (per year) _____
 Relationship _____ SSS/GSIS # _____ Tax ID # _____

3. Working Brothers/Sisters *(including Stepbrothers/sisters and those working abroad)*

Name (s) Age/Sex /Civil Status/Relationship Occupation Salary(monthly) School/Educ. Attainment



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4. Non-working Brothers/Sisters/Step brothers/Step sisters (indicate, if studying at any AMA School)

| Name (s) | Age/Sex /Civil Status | Year Level | Course / School | Tuition / Financial Aid (annually) |
|----------|-----------------------|------------|-----------------|------------------------------------|
| | | | | |
| | | | | |
| | | | | |

5. Relative(s)/ Financial Assistance to Applicants

| Name(s) | Age/Sex/Civil Status | Occupation | Relationship | Financial Assistance (monthly) |
|---------|----------------------|------------|--------------|--------------------------------|
| | | | | |
| | | | | |

INFORMATION FOR MARRIED Student Applicants

Spouse's Background

Name _____ SSS/GSIS # _____ Tax ID # _____
 Educational Attainment _____
 Age _____ Occupation/Employer _____ Income/Salary (monthly) _____
 Status (check all that applies) [] Deceased [] Separated [] Abroad (working/living) [] Living Together

Children's Background, including Step children (indicate if studying at any AMA School)

| Name(s) | Age/Sex | Name of School, if applicable | Tuition Fee (yearly) |
|---------|---------|-------------------------------|----------------------|
| | | | |
| | | | |

D. STUDYING AND LIVING ARRANGEMENT

1. Source of School Financing (check all that applies)

[] Parents [] Other relatives (e.g. Spouse, uncle, brothers) Estimated Contribution (monthly) _____
 [] Self - Working - Name of Company _____ Address _____
 Phone _____ Salary (monthly) _____ Employment Status [] Full - Time [] Part - Time
 [] Educational Plans
 Name of Plan _____ Amount of Support per Term _____
 [] Scholarship (other than AMA Foundation)
 Name of Scholarship(s) _____ Amount of Support _____

2. Staying in a boarding house or dormitory, while studying at any AMA schools [] Yes [] No

If YES- Address of Dorm _____ Monthly Board / Lodging (monthly) _____
 If NO - Living with whom [] Family [] Relatives [] Others _____

3. Mode of Transportation to school - [] Family/Own vehicle [] Carpool [] Motorcycle [] Bicycle/Walk [] Public Transport (one way) - Cost per Day _____

4. School Allowance (excluding transportation expenses) [] Daily [] Weekly [] Others _____ Amount _____

E. SOCIO-ECONOMIC CONDITION

1. Home Ownership [] Owned, since when _____ [] Rented / Monthly Rental _____
 [] Mortgage / Amortization _____ [] Neither own nor rent / Contribution, if any, to owner _____
 Owner's name _____ Relationship _____

2. Vehicle Ownership

| Type of Vehicle | No of Units | Model / Year | Own / Company-provided | To whom |
|---------------------|-------------|--------------|------------------------|---------|
| Automobile/Car(s) | | | | |
| Jeepney(s) | | | | |
| Motorcycle/Tricycle | | | | |
| Others (Specify) | | | | |

3. Household Help [] Housemaid How many? _____ Salary (monthly) _____
 [] Driver(s) How many? _____ Salary (monthly) _____
 [] Others _____ How many? _____ Salary (monthly) _____



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4. Household Appliances/Facilities (Check all that applies)

| ITEM | No. of Working Units | Year Acquired | ITEM | No. of Working Units | Year Acquired |
|------------------------------|----------------------|---------------|-----------------------------------|----------------------|---------------|
| [] Karaoke _____ | | | [] Piano/Electronic Organ _____ | | |
| [] Black & White TV _____ | | | [] Video / movie Camera _____ | | |
| [] Color TV _____ | | | [] Component Stereo _____ | | |
| [] CD Player _____ | | | [] DVD machine _____ | | |
| [] VHS machine _____ | | | [] Laptop Computer _____ | | |
| [] VCD machine _____ | | | [] Freezer (upright/chest) _____ | | |
| [] Washing Machine _____ | | | [] Electric Clothes Dryer _____ | | |
| [] Electric stove _____ | | | [] Microwave oven _____ | | |
| [] Gas/kerosene stove _____ | | | [] Gas range w/ oven _____ | | |
| [] Refrigerator _____ | | | [] Electric range/oven _____ | | |
| [] Air-Conditioner _____ | | | [] Electric Fan _____ | | |
| [] Family Computer _____ | | | [] Personal Computer _____ | | |

5. Credit Card Ownership (Anyone within the family)

Name of Credit Card Company _____ Member Since _____ Credit Limit (annually) _____

6. Insurance Other than GSIS / SSS (Anyone within the family)

Name of Insurance Company _____ Coverage _____ Amount (monthly) _____

F. SPECIAL CIRCUMSTANCES

State any special circumstances in your family to help the Foundation/University evaluate your financial needs. Kindly include a description of your personal aspirations in life and why you want to study at AMA.

Accomplish this section individually and separately for both – the applicant and the parents/legal guardian or spouse. Use the back page in answering this portion.

G. VICINITY SKETCH OF RESIDENCE

To enable AMA fact-finding team to visit residence. Please indicate landmarks. (Use back page)

STATEMENT of the STUDENT / PARENTS / LEGAL GUARDIAN / SPOUSE

We hereby certify, upon our honor, that all the data and information that we have furnished in this application, together with all the documents attached, are true, accurate and complete. We understand that any misinformation and/or withholding of information will automatically disqualify us from receiving any financial assistance, or subsidy, and may serve as ground for expulsion from the school, without prejudice to the filing of charges and other legal actions against us. Any misinformation or withholding of information on our part is discovered after the awarding any form of financial assistance, we will reimburse all the financial benefits received plus the legal rate of interest prevailing at the time of reimbursement, without prejudice to the filing of charges against us. We authorize AMA to conduct bank credit check and send a fact-finding team to visit our home/residence/office/work area to verify the veracity of the information provided in this application or to obtain additional information on our capacity to pay. We will give my utmost cooperation in this bank credit check and fact-finding team. We understand that our refusal to comply with any of the above-mentioned conditions may mean suspension or withdrawal of financial assistance benefits and privileges.

Student's Signature _____

Signature above printed name

Date: _____

Parent's/Legal Guardian's/Spouse Signature _____

Signature above printed name

Date: _____