



# INFANT JESUS ACADEMY

## APPLICATION FOR FINANCIAL ASSISTANCE PROGRAM (IJAFAP)

S.Y. 20\_\_\_\_ – 20\_\_\_\_

**REQUIREMENTS:**

1. correctly and completely accomplished IJAFAP Application Form
2. Letter of Recommendation from the School Guidance Counselor or Principal (use IJAFAP Form #2)
3. certificate of ranking and honors received
4. certified True Copy of Grades from Grade One to Grade Six, certified by the Registrar or Principal only
5. certificate of good moral
6. photocopy of the school's DepEd Recognition certificate
7. a letter addressed to the IJAFAP Committee stating the following:
  - ✓ reason/s for applying at IJA
  - ✓ reason/s for applying for IJAFAP
8. IJA Admission Notice

**Only applications with correct and complete requirements shall be processed. Application period is from March 27 to April 16 only.**

**PERSONAL DATA**

Name _____					Scholarship Applied For	
<i>Surname</i>		<i>First</i>		<i>Middle</i>		
Sex	Age	Date of Birth	Place of Birth	Citizenship	Religion	
Address						
Telephone No.		Mobile No.		E-Mail Address		

**EDUCATIONAL BACKGROUND**

Schools Attended	School Year	Awards / Recognition (you may use a separate sheet, if necessary)	Did You Have Any Scholarships? Please Indicate

**FAMILY BACKGROUND**

	Father	Mother
Name		
Age(If Deceased, Please Indicate When)		
Residential Address		
Home Phone		
Mobile Phone		
E-Mail Address		
Birthdate		
Highest Educational Attainment		
Last School Attended		
Occupation		
Employer		
Position		
Business Address		
Annual Income		

Status of Parents:    \_\_\_\_\_ Married    \_\_\_\_\_ Separated    \_\_\_\_\_ Single-parent    \_\_\_\_\_ Deceased

Guardian's Name	Contact Information
Guardian's Address	Relationship to the Guardian

Siblings	Age	Civil Status	Highest Educational Attainment	School	Employer

#### FINANCIAL STATUS

Family's Annual Gross Income	Sources of Income
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Residence: \_\_\_\_\_ Owned \_\_\_\_\_ Rented \_\_\_\_\_ Mortgaged \_\_\_\_\_ Living with Relatives

Monthly Amortization / Rent (if applicable)	Duration of Stay
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Classification of Residence: \_\_\_\_\_ Single Detached \_\_\_\_\_ Townhouse \_\_\_\_\_ Apartment \_\_\_\_\_ Condominium

Assets / Properties Owned (Residential and Commercial Lots, Business Establishments, etc.)

Cars / Vehicles / Transportation (Please include model, year of acquisition and cost)

#### APPLIANCES AND HOUSEHOLD MACHINES

Item	How Many?	Acquisition Cost	Terms (Fully Paid or Installment)	Monthly Installment
Television				
Radio				
Player (VHS, VCD, DVD)				
Computer (Desktop)				
(Laptop)				
Air conditioner				
Gas range				
Washing Machine				
Cellular Phone				
Telephone				
Sofa Set				
Dining Set				
Rice Cooker				
Microwave Oven				
Oven Toaster				
Refrigerator				
Fax Machine				
Printer				
Others				

#### MONTHLY EXPENSES

Particulars	Amount	Particulars	Amount
Rental (residential)		Loan Amortization	
Water		Clothing expenses	
Electricity		Medical expenses	
Communication expense (cellphone, landline, internet)		Insurance (life / medical)	
Transportation expense (public fare / gasoline)		Social contributions (SSS / GSIS / PAG-IBIG)	
Grocery / Food		Others (please specify)	

We hereby certify that all the above information is true and correct and thus, subject to any verification deemed necessary by the IJAFAP Committee. We understand that any falsification of the given data may mean the disqualification of the applicant to the Financial Assistance Program.

\_\_\_\_\_  
Applicant's signature over printed name

\_\_\_\_\_  
Father's signature over printed name

\_\_\_\_\_  
Mother's signature over printed name

\_\_\_\_\_  
Date