



UNIVERSITY OF SAN AGUSTIN

General Luna Street, Iloilo, 6000 Cebu

APPLICATION FORM LOURDES SUAREZ CABRAL SCHOLARSHIP

PERSONAL DATA

Name: _____
(Last Name) (First Name) (Middle Name)

Permanent Address: _____

Date of Birth: _____

Age: _____ Sex : _____

Grade Level Applying: _____

Reared by: Natural Parents Adoptive Parents Relatives Other (Specify) _____

Talents/Skills: _____

SPONSORS FOR THE FOLLOWING:

	Miscellaneous School Fees	Books and School Supplies	Personal Expenses	Board & Lodging (If Applicable)
Parents	_____	_____	_____	_____
Brothers/Sisters	_____	_____	_____	_____
Relatives	_____	_____	_____	_____
Other Scholarships	_____	_____	_____	_____
Grants	_____	_____	_____	_____

Number of People at Home: Family Members _____ Relatives _____

Brothers and Sisters: No. of Brothers: _____ Your Birth Order _____

BROTHERS & SISTERS STILL STUDYING:

Name	Grade/Year Level	Person Responsible for school Expenses
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

No. of brothers/sisters finished vocational/technical training _____

No. brothers/sisters finished college education _____



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BROTHER/SISTER WORKING:

Name	Age	Type of Job
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PARENTS:

Father's Name _____ Age _____

Mother's Name _____ Age _____

PARENTS RESIDENCE (Please check)

Owned House and Lot House and Lot Rented Owned House/Lot Rented

Others (Specify): _____

OWNED PROPERTIES/APPLIANCES:

SOURCES OF FAMILY INCOME:

	Father	Monthly Salary	Mother	Monthly Salary
Occupation:	_____	_____	_____	_____

Specify other sources of Income _____

I HEREBY DECLARE THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Printed Name and Signature of Applicant