

# [Student assistant application form](https://assignbuster.com/student-assistant-application-form/)

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CSFA- 001- 03 MAPUA INSTITUTE OF TECHNOLOGY Center for Scholarships and Financial Assistance Application Form for Student Assistantship: (New Applicant) Please print this on 8. 5″x13″ size bond paper 1 ? ” x 1 ? ” PERSONAL DATA Name Surname First Name Middle Name Student Number Remaining Units Including This Term Date of Birth Citizenship Address in Metro Manila: Residing at: [ ] Boarding House [ ] Parent’s House Program of Study & Year Remaining Terms to Graduate Age Gender Place of Birth Civil Status Existing Scholarship/s, if anyE-mail Address Religion Contact Number/s [ ] With Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Permanent/ Provincial Address: Contact Number/s FAMILY BACKGROUND Father’s Name Occupation Home Address Name of the Company or Business/ Address Mother’s Name Occupation Home Address Name of the Company or Business/ Address Brothers/ Sisters [use extra sheet of paper if necessary] Age Net Annual Income Contact Number/s Contact Number/s Age Net Annual Income Contact Number/s Contact Number/s Program Presently Taking/ Finished Age Name School/ Location or Occupation/ CompanyTotal Number of Sibling/s: \_\_\_\_\_\_ Number of Working- Sibling/s: \_\_\_\_\_\_\_ Number of Studying- Sibling/s: \_\_\_\_\_\_ EDUCATION- Secondary Level School/ Location Honors/ Awards Received Year Graduated General Average Organizations Rank among the Graduates: Others: list other school you have attended and indicate the course/s you took from that school (i. e. computer courses, etc.

) MAPUA CORE VALUES: Discipline Excellence Commitment Integrity Relevance MATRIX OF GENERAL WEIGHTED AVERAGE Year Level 1st year 2nd year 3rd year 4th yearGeneral 1st Term Weighted 2nd Term Average 4th Term SCHOLARSHIP/S RECEIVED 3rd Term Reason/s for Availing Student Assistantship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ATTITUDES/ CHARACTERISTICS: Strength/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weakness/es: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Membership in Organizations (in Mapua and off- campus)/ Extra- Curricular Activities: Name of Organization/s Positionlease Write Room Assignment) Monday Tuesday Wednesday Thursday 7: 30- 9: 00 am 9: 00- 10: 30 am 10: 30- 12: 00 nn 12: 00- 1: 30 pm 1: 30- 3: 00 pm 3: 00- 4: 30 pm 4: 30- 6: 00 pm 6: 00- 7: 30 pm 7: 30- 9: 00 pm Friday Saturday Sunday Total Duty Hours/ day Total Class Hours/ day Total DH + CH/ dayTotal Duty Hours/ week: \_\_\_\_ I hereby certify that the above information is true and correct. Any misrepresentation of facts will render this form invalid and will immediately disqualify my application to this student assistantship. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student’s Signature above Printed Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Submitted Recommended by: Other Requirements: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Immediate Head’s Signature above Printed Name \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position—Department/ Unit/ Laboratory/ Office Interviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CSFA Two 1 ? ” x 1 ? ” ID Pictures Latest Income Tax Return of Parents or Certificate of Tax Exemption from BIR Photocopy of Certification of Matriculation/GSA Photocopy of 2 Latest Final Grades Reports Certificate of Good Moral Certificate of Good Health Parents’ Letter of Consent Endorsed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Financial Assistance Officer Approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CSFA Director “… Mapua… responding to the big local and global technological challenges of the times. “