

Student assistant application form

[Business](#)



**ASSIGN
BUSTER**

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 any E-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/ Company Total 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 year General 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 Position 1]

_____ 2]

_____ 3]

_____ TABULATED CLASS SCHEDULE (Please 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.

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