



De La Salle-College of Saint Benilde
Grant Application Form (GAF)
Center for Admissions-Scholarships and Grants

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Data Privacy Notice

De La Salle-College of Saint Benilde (DLS-CSB) respects your right to privacy and is committed to protect the confidentiality of your personal information. DLS-CSB is bound to comply with the Data Privacy Act of 2012 (RA 10173), its implementing Rules and Regulations and relevant issuances of the National Privacy Commission. It has adapted reasonable administrative, physical and technical measures to prevent loss, misuse and alteration of the information under our control. However, no method of transmission over the internet or method of electronic storage is 100% secure.

By filling up this form, you are consenting to the collection, processing and use of the personal and confidential information in accordance to this privacy notice. The following information are collected and processed:

1. Applicant's name, photo, degree, scholarship type, contact number, email address, home address, business name, complete business address, nature of business and income
2. Family members' name, relation to applicant, civil status, age, work position and income, business name, complete business address, nature of business and income
3. Extended family's (giving financial support) name, relation to applicant, position and income
4. Relative/s' (who have received grants from Benilde) name, relationship to applicant, course, year started to end and scholarship type.
5. Other confidential information

Only authorized individuals from Center for Admissions-Scholarships and Grants Unit and those with legitimate educational interest will have access to this information and will not be disclosed to third parties without your permission.

The information you have provided will be used for any or all of the following: scholarship evaluation, documentation and communication purposes.

The information is collected and stored through Google via Gmail. Google has its own Privacy Policy. Visit [Google Privacy Policy](#).

De La Salle-College of Saint Benilde (DLS-CSB) and CA-SGU shall only retain the said personal and confidential information until it serves its purpose, after which it shall be securely disposed of.

If you have concerns and queries on Data Privacy, email dpo@benilde.edu.ph

Name of Applicant _____

Degree _____

Scholarship Type _____

Contact number _____

Email address _____

Home Address _____

FAMILY INCOME

A. Please indicate all members of the family. Please include relation, civil status, age, position and income (if applicable) as specified.

NAME	RELATION	CIVIL STATUS	AGE	WORK POSITION <i>*provide COE with compensation</i>	INCOME (Monthly basic pay) <i>*provide payslip</i>

**please use back page if needed*

B. Please indicate current business ventures you or your family is involved in.

BUSINESS NAME	COMPLETE BUSINESS ADDRESS	NATURE OF BUSINESS	INCOME

C. Please indicate other financial forms of extended family support given to your family.

NAME OF SPONSOR	RELATION	POSITION	INCOME

FAMILY UPKEEP

Does your family own the house you live in? Yes No

If No, Name of Owner and the relationship towards the owner _____

(Please encircle) Do you stay in an apartment/ Boarding House/ Town House/ Condominium Unit/ Room for Rent/ House/ others? How many rooms are in your rented domicile? _____

If your family owns the house, please indicate, in the table below, your monthly expense per item (in Philippine Peso) at your PERMANENT ADDRESS.

MONTHLY EXPENSES	AMOUNT PER MONTH <i>(average expenses)</i>
Realty tax	
Electricity	
Water	
Telephone/Cable/Internet plan	
Cellular <input type="checkbox"/> plan 1 <input type="checkbox"/> plan2	
House amortization	
Marketing/Groceries	
Gasoline expenses	

If you are currently RENTING in order to be closer to the Benilde, please provide the necessary documents and information to support your claims.

Name of Owner/Landlord _____ Contact number _____
 Address _____

MONTHLY EXPENSES	AMOUNT PER MONTH <i>(average expenses)</i>
Rental Fee	
Electricity	
Water	
Telephone/Cable/Internet plan	
Cellular <input type="checkbox"/> plan 1 <input type="checkbox"/> plan2	
House amortization	
Marketing/Groceries	
Gasoline expenses	

Has your family made any loans? If yes, please indicate what loans have been taken and the reason(s) for the loan

Company where the loan was made	Loan Amount	Reason for Loan

**please use back page if needed*

A.) Do you have a household helper? Yes No

If yes, (please encircle) Yaya / Cleaning person / Laundry person / Cook / Driver and others. Please indicate below monthly salary.

HOUSEHOLD HELP	NUMBER	SALARY

B.) Does your family have any of the following working appliances and or gadgets? Please indicate the number of units.

Appliance/Gadget	Number	Year of Purchase and Cost
Air conditioning Unit		
Refrigerator		
Washing Machine		
Television		
Desktop / Laptop / Smart Tablet		
Mobile Phones/Cellular Phone		
Electric Fan <i>(Desk, Ceiling and Stand Fan)</i>		
Rice Cooker		
Coffee maker		
OTHERS, please specify		

C.) Do your family own any vehicle? Yes No

If yes, how many?_____.

Please indicate, in the table below the brand/model and no of years has been in the family.

Type of Vehicle	Brand and Model (year)	Number (how many?)	No of years the vehicle has been with the family

D.) What will be your basic transportation when you study in Benilde? Family owned vehicle Public Transportation

Please indicate below the mode of transportation and average cost per ride going to school and going home.

Mode of Transportation	Average Cost per ride (going to school)	Average Cost per ride (going home)	Average daily expense

OTHER INFORMATION

A. Do you have relative/s who have received grants from Benilde? Yes No

*if Yes,

a. Name _____

b. Relationship _____

c. Course _____

d. Year Started to ended _____

e. Scholarship type _____

B. Do you have a passport? Yes No

* if yes, when was the last time you used it? _____

a. For what purpose? _____

b. Who financed the trip? _____

C. Essay (please submit in a separate sheet, typewritten, single space)

1. What is your current family situation?

2. What made you decide to apply in Benilde? If not in Benilde, where would you study?

3. What made you apply for the scholarship? How many times have you applied for scholarship in the past?

4. If you do not get the scholarship, how will your studies in Benilde be financed?

5. If you are accepted as a scholar, what will be your contribution to the College? to the nation?

VICINITY SKETCH OF RESIDENCE (for Background Investigation Purposes)

Draw a map that shows how to get from your residence to Benilde. Indicate landmarks and names of major streets and use an "X" to mark your house on the map or attach/print Google Map if possible.

FEEDBACK FORM

How did you learn of Benilde's scholarship/financial assistance program? (Tick all that apply.)

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Benilde Website | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Inquired in visiting college | <input type="checkbox"/> Friend |
| <input type="checkbox"/> Inquired by email | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Inquired at the CA-SGU | <input type="checkbox"/> Sibling |
| <input type="checkbox"/> Career talk in your school | <input type="checkbox"/> Acquaintance |
| <input type="checkbox"/> Advertisements in your school | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Other websites (indicate) | <input type="checkbox"/> Relative |

CONFORME

Please carefully read and understand the following conforme before you print your name and sign above it.

I hereby certify, upon my honor, that the information given herein and in the accompanying documents is complete and accurate. I also hereby authorize the Center for Admissions-Scholarships and Grants Director or his/her representative to check on the veracity of the information and authenticity of the documents I have given. I am aware that any falsification or withholding of information will automatically nullify my application. Furthermore, if such falsification or withholding of information on my part is discovered after I have been awarded financial assistance, I will be required to reimburse the College all tuition and fees that had been subsidized by the College plus all the legal rate of interest prevailing at the time of the reimbursement and to pay all tuition and fees thereafter. If I qualify for the grant, I know that the commission of any major offense as stipulated in the Benilde Student Handbook will automatically result in the permanent discontinuance of any financial assistance given to me. I also understand that the College expects me to finish my course/degree in the least time possible, abide by the policies governing the grant I am applying for, and fulfill the responsibilities attached thereto.

Verification/Authorization: I knowingly consent to the disclosure and processing on my personal information and sensitive personal information contained in this application form to De La Salle-College Saint Benilde for purpose of evaluating my scholarship application. The information will be shared with authorized college personnel with legal educational interest. I waive my right to inspection and correction of the contents of this Grant Application Form.

Printed Name & Signature of Applicant

Date

Printed Name & Signature of Parent(s)/Guardian

Date

