

Vehicle brand (Toyota, Honda, Cherry, Hyundai, Sarao, etc.)	Type (motorcycle, jeep, sedan, van, etc.)	Displacement (1.3, 1.6, 2.0, etc.)	Year & model



#### 4. ELECTRIC CONSUMPTION

In the past three months, what is the average monthly consumption of electricity (in KWH) in your residence? \_\_\_\_\_

#### OTHER INFORMATION

How many of the following are living with or working full-time for your family?

\_\_\_\_\_ Housemaid \_\_\_\_\_ Houseboy \_\_\_\_\_ Yaya \_\_\_\_\_ Cook \_\_\_\_\_ Driver \_\_\_\_\_ Gardener  
 \_\_\_\_\_ Security Guard \_\_\_\_\_ Laundry person/clothes presser Others, please specify \_\_\_\_\_

Does your family own or possess any of the following?

Appliance	No. of Working Units	
Stereo/audio system		
Karaoke/Magic Microphone		
Piano/organ		
Cell phone		
Television set		
Luxury Bike		
Video camera		
Cooking range with oven		
Microwave oven		
Refrigerator		
Upright or chest-type freezer		

Appliance	No. of Working Units	
Washing machine		
Heated electric clothes dryer		
Electric water heater		
Electric water pump and tank		
Air conditioner		
Desktop personal computer		
Notebook/laptop personal computer		
Netbook personal computer		
Computer game system (e.g. Wii, Playstation, Gameboy)		
Others, please specify		

Does your family subscribe to the following?

Cable or satellite TV	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Internet subscription	<input type="checkbox"/> Yes <input type="checkbox"/> No	

How many toilet and bath are there in your house? \_\_\_\_\_

Is any of your parent(s), legal guardian a member/officer of any of the following?

Sports, Health& Country Club (e.g. Manila Polo Club, Makati Sports Club, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Social, Civic or Service Organizations (e.g. Rotary, Lions, Kiwanis, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Professional Association (e.g. Phil. Medical Association, Integrated Bar of the Phils., Phil. Institute of Civil Engineers, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Organization (e.g. Pampanga Chamber of Commerce, Makati Business Club, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Others, please specify		

Have you or any member of your family traveled abroad in the last two years? ☐ Yes ☐ No. If yes, please complete the following:

Family members who traveled abroad	Year of travel	Destination	Purpose

Guardian's Name (If not living with parents): \_\_\_\_\_ Relation: \_\_\_\_\_

Parent's/Guardian's Mailing Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email Address: \_\_\_\_\_

I hereby certify that I have read and understood all the instructions in this application form and that all information written herein is complete and accurate. I am aware that any false information furnished in this application will make me ineligible for scholarship categorization or subject to dismissal.

I hereby attest to the veracity and completeness of all information which my son/daughter/dependent has written in this application form. I am aware that any false information furnished in this application will make my child/ward ineligible for scholarship categorization or subject to dismissal.

\_\_\_\_\_  
 Name and Signature of Student  
 Date \_\_\_\_\_

\_\_\_\_\_  
 Name and Signature of Parent/Guardian  
 Date \_\_\_\_\_