

I. STUDENT DATA

Incoming Level: _____ Student Type: ☐ Returning ☐ New/Transferee

Family Name: _____ First Name: _____

Middle Name: _____ Suffix (Jr., III) _____

Date of Birth Month: ____ Day: ____ Year: ____ Sex: ☐ Female ☐ Male

Student's Permanent Address:

Street Address: _____

Barangay: _____

City/Municipality: _____

Province: _____ Zip Code: _____



Telephone Number of Parent/Legal Guardian

Landline: _____ Cell phone: _____

Type of financial assistance applied for:

☐ Bracket A: 25% tuition subsidy

☐ Bracket B: 50% tuition subsidy

☐ Bracket C: 75% tuition subsidy

☐ Bracket D: 100% tuition subsidy

Who will finance your schooling?

☐ Parents

☐ Relatives

☐ Self

☐ Scholarship other than AST, please specify: _____

How much do you receive as support per month? P _____

☐ Educational plan, please specify: _____

How much do you receive as support per month? P _____

☐ Others, please specify: _____

How much do you receive as support per month? P _____

II. FAMILY/HOUSEHOLD DATA

(Household is defined as all persons living under the same roof and/or sharing food and other expenses.)

Parents/Legal Guardian

Name	Age	Educational Attainment Type (see code below)	Name of Employer	Occupation Group (see code list below)	Previous Year's Gross Income	Still Living?		
						Yes, Living Abroad?		No
						Yes	No	
Father/Stepfather								
Mother/Stepmother								
Legal Guardian								

Other family or household members who are employed or earning.

Name	Relationship to the Applicant	Educational Attainment Type (see code list below)	Name of Employer	Occupation Group (see code list below)	Previous Year's Gross Income	Still Living?		
						Yes, Living Abroad?		No
						Yes	No	

Non-earning brothers/stepbrothers/sisters/stepsisters who are single and living with the family.

Name	Age	Relationship to the Applicant	Studying?		Educational Attainment Type (see code list below)
			Yes	No	

Educational Attainment Type Codes:
(choose the highest applicable)

- G - Master’s or doctorate degree holder
- CG College graduate
- C - Attended college but not graduated
- HG - High school graduate
- H - Attended high school but not graduated
- EG - Elementary school graduate
- E - Attended elementary school but not graduated
- N - Never attended school

Occupation Group Codes: (choose any applicable)

- U – Unemployed
- M - Government official, corporate executive, manager, managing proprietor, supervisor
- P - Professional: accountant, dentist, doctor, engineer, lawyer, teacher
- T - Technician
- C - Clerk
- W - Sales worker, farmer, forestry worker, fisherman, trade worker, plant and machine operator, assembler, laborer, unskilled worker
- O - Other occupation _____

What are the sources of income of your household? (select all that apply)

- ☐ Remittances from abroad
- ☐ Business
- ☐ Commissions
- ☐ Earnings from investments
- ☐ Pensions
- ☐ Real estate rentals
- ☐ Practice of profession
- ☐ Salaries or wages
- ☐ Farms/haciendas/fishponds
- ☐ Others _____

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

Number		Number		Number	
Housemaid	___	Houseboy	___	Driver	___
Yaya	___	Cook	___	Gardener	___
Security guard	___	Others, please specify: _____			___

What is the classification of the house your family is staying in?

- ☐ Owned, not mortgaged
- ☐ Owned, mortgaged Monthly amortization: P _____
- ☐ Rented Monthly rental: P _____
- ☐ Rent free / Living with relatives
- ☐ Others, please specify: _____

Are there special circumstances in your family which may help the School evaluate your financial need?

- ☐ No.
- ☐ Yes. State briefly the circumstances below:

References

Name	Relationship to Applicant	Contact No.
_____	_____	_____
_____	_____	_____
_____	_____	_____

Sketch Map of the Family Residence. (Please indicate landmarks in your sketch.)

STATEMENT OF THE APPLICANT’S PARENT/LEGAL GUARDIAN

I hereby certify that I have read the entire application form and that I certify to the truthfulness and completeness of the information that my son/daughter/dependent has furnished in this application together with all the documents attached. I understand that any misinformation and/or withholding of information will automatically disqualify him/her from receiving any financial assistance or subsidy and may serve as grounds for his/her expulsion or disciplinary action from AMSAI. I further recognize that in signing this application form, I share with my son/daughter/dependent the responsibility for the truthfulness, accuracy, and completeness of the information supplied herein.

Moreover, I authorize the School to conduct a case investigation send a fact-finding team to visit or call my home/residence to verify the veracity and accuracy of the information provided in this application and I will give my utmost cooperation in this regard. For the purpose of said verification, I further authorize the fact-finding team to use still/digital camera and other means to record the actual conditions or circumstances of our family. I understand that my refusal to comply with any of the above-mentioned conditions may mean suspension or withdrawal of AST benefits and privileges of my son/daughter/dependent.

Date: _____

Printed Name of Parent/Legal Guardian

Signature of Parent/Legal Guardian