 XAVIER UNIVERSITY

Recent Photo of applicant 1”x1”

ATENEO DE CAGAYAN

**GRANT-IN-AID FORM**

*(Submit to HRO 1 month prior the start of the term)*

*Revised 03/2016*

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| **DEPT/UNIT:** |  | | | | | | |
| **PERSONAL INFORMATION OF STUDENT** | | | | | | | |
| **NAME OF APPLICANT LAST NAME FIRST NAME MIDDLE NAME**  ***(as it appears in the birth certificate)*** | | | | | | **GENDER** | **AGE** |
| **PARENTS’/GUARDIANS’ CONTACT NUMBER**  **HOME: OFFICE: CELLPHONE:** | | | | **BIRTHDAY:** *(mm/dd/yyyy)* | | | |
| **HOME ADDRESS:** | | | | **BIRTH ORDER: *(1st, 2nd, 3rd, 4th, etc.)*** | | | |
| **LEVEL/ACADEMIC TERM FOR WHICH GRANT-IN-AID IS TO BE APPLIED** | | | | | | | |
| GRADE SCHOOL HIGH SCHOOL COLLEGE **GRADUATE** SY / SEMESTER / SUMMER \_\_\_\_\_\_\_ **\_\_**  **LEVEL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COURSE (If College or Graduate) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | | | | | | | |
| FATHER’S NAME | | AGE | HIGHEST EDUCATIONAL ATTAINMENT | | | | |
| MOTHER’S NAME | | AGE | HIGHEST EDUCATIONAL ATTAINMENT | | | | |
| NAME OF SPOUSE | | AGE | HIGHEST EDUCATIONAL ATTAINMENT | | | | |
| We hereby certify that all the information given here is true and correct, and you are hereby authorized to verify the same. We understand that misrepresentation of information or withholding of information requested in this application form will be considered reason for disapproval or cancellation of grant-in-aid.  If applicant is a minor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Father’s Signature over Printed Name Mother’s Signature over Printed Name  If applicant is of legal age (21 or older) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Applicant’s Signature | | | | | | | |
| \***This is to authorize Finance Office to deduct the balance not covered by GIA.**   * **BOOKS**      * **TUITION & FEES \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   **EMPLOYEE’S PRINTED NAME & SIGNATURE** | | | | | | | |
| If the student is an XU employee, please encircle: **Relevant / Not Relevant** to the current work assignment.  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_  Unit Head Signature Date    I understand that ONLY enrolled degrees relevant to the teacher’s current work are considered for ranking, promotions, and base pay increases due to attainment of graduate degrees.  ***CONFORME:***  Employee’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | |
| **RECOMMENDED:**  ***HUMAN RESOURCES OFFICES* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **XUTELFA**  **OTHERS**  ***Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  **1**  **1**  **XUNTELU** | | | | | | | |
| **VERIFIED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **2**  ***OFFICE OF SCHOLARSHIP & FINANCIAL AID*** | | | | | | | |
| **FINANCE OFFICE: 100% Tuition OTHERS**  **3**    **50% Matriculation**  **TOTAL AMOUNT OF THIS GRANT:**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |  | | |

***\*Required Field***