

	<b>APPLICATION FORM AND WAIVER FOR SIBLING DISCOUNT</b>	Document No. : FM-SF-04-01
		Effective Date: July 28, 2017

### CENTER FOR SCHOLARSHIPS AND FINANCIAL ASSISTANCE

Muralla St., Intramuros Manila, Tel. No. 2475000 (loc 1203)

#### APPLICANT'S INFORMATION

Name			
Surname		First Name	Middle Name
Student Number	Program of Study & Year		Existing Scholarship/s, if any
Date of Birth	Age	Place of Birth	E-mail Address
Address in Metro Manila			Contact Number/s
Residing at: <input type="checkbox"/> Boarding House <input type="checkbox"/> Parent's House <input type="checkbox"/> With Guardian: _____			

#### FAMILY BACKGROUND

<b>Father's Name</b>			Age
Occupation		Annual Income (Gross)	
Name of the Company of Business/Address		Contact Number/s	
<b>Mother's Name</b>			Age
Occupation		Annual Income (Gross)	
Name of the Company of Business/Address		Contact Number/s	
<b>Brothers/ Sisters</b> <i>(currently enrolled in MAPÚA)</i>			
1) Name			
Surname		First Name	Middle Name
Student Number	Program of Study & Year		Existing Scholarship/s, if any:
1) Name			
Surname		First Name	Middle Name
Student Number	Program of Study & Year		Existing Scholarship/s, if any:
1) Name			
Surname		First Name	Middle Name
Student Number	Program of Study & Year		Existing Scholarship/s, if any:

#### REQUIREMENTS:

1. Applicant must be an incoming freshman, a transferee, or a second degree student for the 1st Quarter of AY 2011-2012 or onwards
2. Applicant must submit original and photocopies of his/her NSO Birth Certificates and those of his/her sibling who are enrolled in Mapua

3. A photocopy of parent's marriage contract or a photocopy of the NSO birth certificate of the common parent should also be submitted.
4. Accomplished application form/waiver.

#### TERMS AND CONDITIONS:

- \* The discount cover siblings, with 2 or more enrolled all at the same time in Mapúa. The second or succeeding sibling/s who may avail of the discount must belong to students enrolling beginning the 1st Quarter of AY 2011-2012. In order for the younger sibling to avail of the discount, the senior sibling must enroll first within the same term.
- \* The Sibling Discount Program is an initiative intended to give incentives to families covered by the program. The program may be discontinued anytime without need of prior notice.
- \* Student availing of the discount must not be under any other scholarship or financial assistance program sponsored by Mapúa University (Academic, DTMS, FAMIT, MITLU, NFMS, YGC PROMO, etc).
- \* Additional tuition fees incurred from tutorial classes are not covered by the discount
- \* Submission of the sibling discount form will be at the CSFA prior to enrolment.
- \* Validation of the discount will be every term during enrolment period at CSFA. NO REFUND shall be given to students failing to apply and validate during the specified period.
- \* Given the prescribed qualifications, it is the student responsibility to re-validate his/her Sibling Discount Promo every enrolment without prior notice. Failure to do so will be construed as a waiver of the right to avail of the scholarship.
- \* All information shall be used solely for legitimate purpose specifically for evaluation for eligibility for sibling discount, and shall be processed only by authorized personnel in accordance with the Data Privacy Policy of the University.

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#### WAIVER

I/We \_\_\_\_\_ certify to the correctness and accuracy of all information and documents that I gave in connection with this Application. I understand that, should any of these be later on discovered to be false or fraudulent, I shall be liable to refund any discount given to me/my child or ward by virtue of this Application, without prejudice to any administrative sanction/s that Mapúa may impose on me and/or my sibling/child or ward pursuant to the Student Handbook.

I/We have also read the terms and conditions of the program, and understand that the discount is just an incentive given to families covered by the program and may be discontinued anytime without need of prior notice.

\_\_\_\_\_  
Signature over Printed Name of Applicant/Date

\_\_\_\_\_  
Signature over Printed Name of Parent/Legal Guardian

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#### For CSFA use only

Applicant's application and requirements have been verified to comply with the terms and conditions of the program.

Verified by:

Approved by:

\_\_\_\_\_  
*Scholarship Coordinator*

\_\_\_\_\_  
*Financial Assistance Officer*