



Xavier School Educational & Trust Fund, Inc. (XSTEF)

SCHOLARSHIP APPLICATION FORM

For School Year 2027-2028

Incoming Grade: _____

Recent
(1.5" x 1.5")
Photo of Student

*Please write name at
the back of the photo.*

Please check:

- ☐ Xavier School - San Juan
☐ Xavier School - Nuvali

COMPLETION OF APPLICATION

All sections of the form must be answered. If any section of the form does not apply to you. Please write "N/A" or "NOT APPLICABLE". All given information will be kept confidential.

REJECTION OF APPLICATION

XSETF reserves the right to reject/ return XSETF Scholarship Application Forms that are incomplete, inaccurately accomplished and late in submission.

Student's Name: _____

LEGAL NAME

LAST NAME

FIRST NAME

MIDDLE NAME

Current Grade & Section: _____ Student No.: _____

Origin: ☐ Regular ☐ Child of Faculty & Staff ☐ AFP ☐ Proactive

Type of Application: ☐ New ☐ Old
☐ Renewal (Scholar since Grade _____) (Former Scholar last _____)
(SY _____ - _____) (Not Recommended last _____)

Date of Recent Home Visitation: _____ Date of Recent In-Depth-Interview: _____

Name and Grade Level of other siblings in Xavier School applying for scholarship:

_____	_____
_____	_____
_____	_____

INFORMATION ON THE GRANT

Grant Given for Current SY 2026-2027		Grant Requested for Incoming SY 2027-2028	
☐ Full Tuition	☐ Other Fees	☐ Full Tuition	☐ Other Fees
☐ ¾ Tuition	☐ Miscellaneous Fees	☐ ¾ Tuition	☐ Miscellaneous Fees
☐ ½ Tuition	☐ Books	☐ ½ Tuition	☐ Books
☐ ¼ Tuition	☐ School Supplies	☐ ¼ Tuition	☐ School Supplies

REASON FOR APPLYING

Please check whatever is applicable:

- ☐ Our business was foreclosed (*Specify nature of business, **submit pertinent documents.***)
- ☐ We cannot avail of our child's educational plan. (*Please specify.*)
- ☐ Parents are separated and there is no support from ☐ mother ☐ father.
- ☐ A family member is sick and is undergoing medical treatment. (**Must** attach supporting documents from the doctor) Who? _____ Illness? _____
- ☐ Our income is not enough because we are sending _____ children to school.
(Please specify how many in: _____ Grade School _____ High School _____ College)
- ☐ Only one parent is working, and no one is receiving support from working children and/or relatives.
- ☐ Others (*Please specify.*) _____

FAMILY DATA

	FATHER	MOTHER	GUARDIAN (if applicable)
Name			
Age (or if deceased, when)			
Date of Birth			
Please indicate if: <i>Solo-Parent; Widowed; Separated</i>			
High School Attended			
College Attended			
Degree			
Other studies, if any			
Graduate studies			
Residence Address (indicate "ditto" if same address)			
Barangay			
Res. Tel. No.			
Res. Fax No.			
Mobile No.			
E-mail Address			
Name of Parish			
Occupation/Profession/Business			
Business/Company Name			
Business/Company Address			
Office Tel. No.			
Office Fax. No.			
Position (current)			
No. of years in present job			
ANNUAL GROSS INCOME including salary, bonuses, commissions, differentials, overtime pay, etc. <u>(DO NOT LEAVE BLANK)</u>			
If self-employed, please describe briefly, nature of work, etc.			
If unemployed, since when and reason for unemployment			
If retired, or ever availed of early retirement, when and under which company			
Do you have Life Insurance? (Y/N) If yes, since when?			
Do you have Health Insurance? (Y/N) If yes, since when?			
Other Information/Comments			

Student Name: _____

Student No.: _____

Grade and Section: _____

CHILDREN IN SCHOOL/ NOT YET STUDYING (Including the applicant) *Please use separate sheet if needed.*

Name			
Age			
Civil Status			
Grade/ Year Level			
School			
Yearly Tuition			
Amount covered by Parents			
Amount of Scholarship			

CHILDREN NO LONGER IN SCHOOL/ WHO ARE EMPLOYED *Please use separate sheet if needed.*

Name			
Age			
Civil Status and No. of Dependents, if applicable			
Residing with the Family? (Y/N)			
Educational Attainment; School			
If employed, name of employer, position and no. of years in the company			
If self-employed, nature of work			
Annual Gross Income			
If unemployed, since when and reason for unemployment			

SUPPORT TO OTHERS AND FROM OTHERS

SUPPORT	TO OTHERS (Dependents living with the family)	FROM OTHERS (Persons assisting with family household and educational expenses)
Name		
Relation to Family		
If monetary, amount per monthly		
Duration and extent of support		
Others:		

FAMILY STATUS *Please check any statement that applies.*

- | | |
|---|---|
| ☐ Applicant lives with both parents | ☐ Applicant lives with father only |
| ☐ Applicant lives with grandparents | ☐ Applicant lives with mother only |
| ☐ Parents are separated, since _____ | ☐ Father is deceased, year _____ |
| ☐ Parents are divorced, since _____ | ☐ Mother is deceased, year _____ |
| ☐ Others _____ | |

Student Name: _____

Student No.: _____

Grade and Section: _____

FAMILY FINANCIAL STATUS

GROSS INCOME (in Phil Pesos)

Annual Pay, Allowance & Benefits	
Father	
Mother	
Guardian	
Commissions	
Profit on Business	
Profit/Rental of Lands	
Real Estate: Market Value	
Agricultural Land	
Rentals on Residence/Buildings	
Interest Income	
Dividends	
Financial Support from Children	
Financial Support from Relatives	
Financial Support from Family Association (MUST submit documents)	
Financial Support from Employer	
Financial Support from Others	
Pension (MUST submit documents)	
Insurance Benefits	
Others: Please specify.	
TOTAL ANNUAL FAMILY GROSS INCOME	

ACCOUNTS	Bank/Company	Latest Balance
Current/Checking		
Savings		
Time Deposit		
Other Deposit		
Foreign Currency		
Stocks/Shares		
Mutual Funds		
Other Types of Bonds		
Credit Card/s (Cardholder's Name)	Bank/Company	Outstanding Balance
Loan Type	Bank/Company	Monthly Payment

FAMILY EXPENSES

Monthly Expenses	
Food/Grocery	
House Rental/Amortization	
Car Loan	
Electricity	
Water	
LPG	
Telephone (line/prepaid)	
Internet (Wi-Fi)	
Cable TV	
Mobile Phone (prepaid/postpaid)	
School/Work Allowance	
Support for relatives:	
Transportation Allowance (including fare, toll fees and fuel)	
Tutorials (academic, musical, sports)	
Helper/Driver Salary	
Personal Care (beauty salon, barber, spa, cosmetics)	
Recreational Expenses (food deliveries, watching movies, dine-in, take-out, gym, etc.)	
Pets (food, grooming, visits to vet)	
Gifts (birthdays, anniversaries)	
Others: Please specify.	
Subtotal of Monthly Expense	
TOTAL MONTHLY EXPENSES x12 MOS (A)	

Yearly Expenses	
Clothing	
Domestic and Foreign Travel (airfare, accommodation, food, etc.)	
Home Repair/Improvement	
Insurance/Medical Plans	
Medical (check-up, lab fee, medicine) and Dental	
Motoring Expenses (car maintenance, LTO registration, car insurance)	
Tuition Fees of other children	
School Bus Service	
School Supplies/Books/Uniform	
SSS/GSIS, Pag-ibig, PhilHealth (contributions)	
Withholding Tax	
Loan Payments	
Others: Please specify.	
Subtotal of Yearly Expenses (B)	
TOTAL ANNUAL FAMILY EXPENSES* (Add A and B)	

*If the Total Annual Family Expenses is higher than the Total Annual Family Gross Income, please explain in your letter how the deficit is covered.

Do you own/co-own a business or a home industry? ☐ YES (If Yes, please fill out table below.) ☐ NO

Type of Business	Date Started	No. of Employees	Capital Invested	Annual Net Profit

On the average, how much is the budgeted monthly school allowance of the student? _____

Student Name: _____

Student No.: _____

Grade and Section: _____

HOUSEHOLD DATA

PERMANENT RESIDENCE:

☐ House ☐ Apartment ☐ Condominium ☐ Town House

Home Ownership:

☐ Owned ☐ Rented (₱ _____ / month)
☐ Living with relatives/friends ☐ Mortgaged (Bank _____)
☐ Company-owned ☐ Others: _____

When was the last renovation? _____ How much was spent? ₱ _____

Size of lot: _____ m² House floor area: _____ m² No. of floors: _____

No. of bedrooms: _____ No. of toilet/bathrooms: _____ No. of years in current residence: _____

Is this where the student presently resides? ☐ Yes ☐ No If no, please provide the current address: _____

OTHER PROPERTIES OWNED/ INHERITED (agricultural, residential, commercial, industrial, etc.)

Description and/or use	Location	Size	Date Acquired	Acquisition Cost	Present Market Value	Yearly Net Income

HOUSEHOLD POSSESSIONS *Please do not leave blank, write N/A if it is Not Applicable.*

Items	Quantity	Date Acquired	Acquisition Cost	Balance to be paid	Monthly Payment
Aircon					
Camera, SLR, Lenses					
iPhone, Cellphone, Smartphone					
Audio System					
Gaming Consoles (XBOX, PSP, Wii)					
Home Theater System					
iPad, Tablet					
MacBook, Laptop, PC, Netbook					
Gas Range					
Microwave, Oven					
Rice Cooker					
Musical Instrument					
DVD, CD Player, Ipod Dock					
Digital Media Players (iPod, MP3, etc.)					
Printer, Scanner					
Refrigerator, Freezer					
Flat Screen TV					
Washing Machine, Dryer					
Vacuum Cleaner, Floor Polisher					
Flat Iron, Steam Iron					
Blender, Juicer					
Bicycle, Kid Trike, Skate Board, Hoverboard					

Student Name: _____

Student No.: _____

Grade and Section: _____

MEMBERSHIP

Are you affiliated or a member of any membership shopping clubs, country clubs, golf clubs, etc.?

☐ Yes (Please specify) _____ ☐ No

VEHICLES Please list any motorized vehicles owned or regularly used by the family.

(Cars, SUV, Van, UV Express, Delivery Truck, Jeepney, Motorcycle, etc.)

Brand	Model	Year	Name of Owner*	Relationship with student	Date Acquired	Acquisition Cost	Availed of Loan (Y/N)	Balance to be paid

* If Company Owned, please attach a copy of the latest OR and CR.

HOLIDAY/VACATION

Did the family go on vacation within the last 5 years? ☐ Yes ☐ No

Abroad? ☐ Yes ☐ No Province/s? ☐ Yes ☐ No

If yes, please list country and province.

Country/Province	When?	How often?	Who paid for the expenses?

EDUCATIONAL PLAN

Are any of your children enrolled in any educational plan? ☐ Yes ☐ No

If yes, please specify which company and plan you availed of.

Name of Company	Type of Plan			
	☐ Grade School	☐ High School	☐ College	☐ All
	☐ Grade School	☐ High School	☐ College	☐ All
	☐ Grade School	☐ High School	☐ College	☐ All
	☐ Grade School	☐ High School	☐ College	☐ All

CERTIFICATION

We hereby certify that the above information is true and accurate. We also agree and promise to cooperate with representatives of the school who will visit us for an interview in connection with this application.

We further agree that if any information is found inaccurate, the Committee reserves the right to reject/cancel our application.

Father's Signature over Printed Name

Date

Mother's Signature over Printed Name

Date

Guardian's Signature over Printed Name

Date

----- **Please Do Not Write Below This Line** -----

Required documents have been checked and found to be complete.

Scholarship Coordinator

Date Received / Date Checked

FAMILY PICTURE

Student Name: _____

Student No.: _____

Grade and Section: _____

Paste recent and clear
FAMILY PICTURE
Only immediate family members should be in the picture
Size: 3R or 3.5" x 5"

Please write the names of your family members. (Left to Right)

1st Row: _____

2nd Row: _____

RESIDENCE/HOUSE PICTURES

Student Name: _____

Paste recent and clear
FULL VIEW OF THE HOUSE
Size: 3R or 3.5" x 5"

Student No.: _____

Paste recent and clear
MAIN AND DIRTY KITCHEN WITH THE REFRIGERATOR
Size: 3R or 3.5" x 5"

Grade and Section: _____

LOCATION MAP OF THE RESIDENCE

Student's Name: _____

LEGAL NAME

LAST NAME

FIRST NAME

MIDDLE NAME

Current Grade & Section: _____ Student No.: _____

Home Tel. No.: _____ Office Tel. No.: _____ Mobile No.: _____

COMPLETE HOME ADDRESS

Please write in print.

Block # _____ Lot # _____ House # _____ Building # _____ Floor # _____

Street _____ Subdivision/Village _____

Barangay _____ Municipality/District _____

Town _____ Province _____

Please **sketch** below the location of your house. **Do not attach printed maps from Google, Yahoo, etc.**

Kindly indicate a **specific landmark** (name of sari-sari store, bank, market, etc.)
that can help the Home Visiting Team find easily your place of residence.

Please attach a clear, recent full view of your residence/house at the back.