



MANILA TYTANA COLLEGES

Formerly Manila Doctors College

A Partner of the Metrobank Group

FOR TYTANA SCHOLARSHIPS DEPARTMENT'S USE ONLY:

Course applied for : _____
 Schedule of MTCAT : _____
 Schedule of QE : _____
 Schedule of PI : _____

Result of MTCAT : CFIT ____ Total ____ E ____ M ____ S ____ GI ____
 Pending Documents : _____

 Initial Interview : _____

Result of QE : OLSAT ____ MBTI ____ Essay ____
 Result of FI : _____
 Final Result : _____ Grant _____

Instruction: This form should be accomplished correctly and completely by the parents/guardian of the applicant. Please answer this questionnaire carefully, completely and honestly. Parents may be called for interview for clarification of the information given.

APPLICATIONS WITH INCOMPLETE INFORMATION AND WITHOUT THE REQUIRED DOCUMENTS WILL NOT BE PROCESSED.

Please submit this form together with the following requirements in a long brown envelope by March 15, 2014.

Name		Paste 2x2" photo on white background here.
	Last Given Middle	
Landline		
Mobile Number		
Email Address		
Name of High School		
Address of High School		
Type of School	<input type="checkbox"/> Public General <input type="checkbox"/> Public Special (science, arts) <input type="checkbox"/> Laboratory of SUC <input type="checkbox"/> Private Sectarian <input type="checkbox"/> Private Non-Sectarian	



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LETTER OF UNDERTAKING

Date: _____

MANILA TYTANA COLLEGES
Directorate for Student Affairs
Scholarships Department

This is to formally signify my intention to apply for a scholarship grant from Manila Tytana Colleges. I understand that I have to complete all documentary requirements for my application to be considered, and I commit to submit all necessary supporting papers and any other document that I may be required to submit.

I agree to submit myself to the criteria established by the Tytana Scholarships Department or its grantors in the selection of qualified and deserving candidates and its procedures in the processing of my application. I understand that the decision of the Selection Committee is final and unappealable.

Respectfully yours,

Signature over Printed Name of Applicant

Signature over Printed Name of Parent/Guardian



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Date of Birth: _____ Place of Birth: _____

Civil Status: _____ Religion: _____

Current Address: Home Dormitory/Boarding House Living with relatives
 Others: _____

Number and Street Address: _____

Barangay: _____

City/Municipality: _____

Province and Zip Code: _____

If the applicant is renting:

Monthly rent: _____ PhP _____

Monthly lodging: _____ PhP _____

Who shoulders the expenses: _____

Cost of two-way transport (cheapest rate): _____ PhP _____

Means of transport (bus, plane, boat, etc.): _____

Permanent Address (if different from current address):

Number and Street Address: _____

Barangay: _____

City/Municipality: _____

Province and Zip Code: _____

Cost of one-way transport (cheapest rate): _____ PhP _____

Means of transport (bus, plane, boat, etc.): _____

How many times does the applicant go home to specified permanent address? _____

Is the residence owned by the parents of the applicant? Yes No

If not owned by parents, by whom? _____



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Name of Primary School : _____
Address of Primary School : _____

Year Graduated: _____ General Average: _____

Honors and Awards Received: _____
(use additional sheet if necessary) _____

Name of Secondary School : _____
Address of Secondary School : _____

Year Graduated: _____ General Average: _____

Honors and Awards Received: _____
(use additional sheet if necessary) _____

Amount of fees paid in senior year: PhP _____
Did the applicant enjoy any form of scholarship or financial aid in secondary school? () Yes () No
If yes, specify grant: _____ Total amount of grant: PhP _____

Who finances the applicant's schooling? (check all applicable)
() Parents () Sibling () Self () Others: _____
Estimated amount of financial support? PhP _____

Is the applicant a working student? () Yes, full time () Yes, part time () No
Name of Company/Employer: _____
Address: _____
Monthly income: PhP _____



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Status of Relationship of Parents: Living together Separated Single
 Father deceased Mother deceased
 Others, _____

	Father	Mother	Guardian
Full Name			
Birth Date			
Current Address			
Permanent Address (if different from current address)			
Landline			
Mobile Number			
Email Address			
Highest Educational Attainment			
School			
Living Abroad? Yes or No			
<i>If employed</i>			
Employer			
Address			
Position			
Previous Year's Gross Income			
<i>If self-employed</i>			
Nature of work			
Number of years in business			
Annual Gross Income			
<i>If unemployed</i>			
Last company joined			
When			
Reason for being unemployed			

If not living with parents:

What is the relationship to guardian? _____

Does the guardian contribute to the family expenses? Yes No

How much is the monthly contribution? PhP _____



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Total Number of Siblings: ____
Number of Working Sibling/s: ____ Number of Studying Sibling/s: ____

Use additional sheet if necessary.

	Sibling 1	Sibling 2	Sibling 3
Name			
Year of Birth			
Civil Status			
If with children, indicate how many			
Permanent Home Address			
Currently living with family? (Yes/No) <i>If No, indicate if he/she is living abroad or not</i>			
Landline			
Mobile No.			
Highest Educational Attainment			
School			
Received Scholarship? (Yes/No)			
School fees per year (if student)			
Occupation/Year or Gr. Level			
Employer			
Business Address			
Business Tel. No.			
Average Monthly Income			

Does any of the applicant's siblings contribute to the family's expenses? () Yes () No
Who contributes? _____

If yes, is the contribution regular? () Yes () No
What is the frequency of the contribution? () Once a month () Twice a month () Others: _____
How much is the average contribution? PhP _____

Does the applicant have any relatives (whether in the Philippines or abroad) who contribute to the family's expenses? () Yes () No
If yes, how much is the average monthly contribution? PhP _____
If assistance is not in cash, what kind of help do they give? _____



Does the applicant have any house companions other than parents and siblings? () Yes () No

Use additional sheet if necessary.

Name			
Relationship to Student			
Age			
Civil Status			
Mobile Number			
Occupation/ Year or Level <i>(if student)</i>			
Employer/ School			
Business Address			
Average Monthly Income			
Sharing with house expenses? Yes/No			



FAMILY INCOME (Annual Gross)

Combined Annual Pay (father, mother)	PhP
Combined Annual Pay (brother, sister)	
Income from Business	
Income from Land Rentals	
Income from Res/Bldg Rentals/Lease	
Retirement Benefits/Pension	
Commissions	
Financial Support from Relatives	
Bank Deposits	
Others (Specify)	
Total Annual Income	PhP

FAMILY EXPENSES (Monthly)

House Rental	PhP
Food and Grocery	
Car Loan /Amortization (specify)	
Other Loan Amortization (specify)	
Transportation/Gasoline	
Education Plan Premiums	
Insurance Policy Premiums	
Health Insurance Premium	
SSS/GSIS/PAG-IBIG Loans	
School/Office Uniform/Clothing	
School Allowance	
Electricity, Water, Cable, Cooking Gas	
Telephone/Mobile Phone	
Internet fees (DSL, Broadband)	
Medicines	
Recreation	
Others (specify)	
Total	PhP
Sub-total x 12 months	PhP



Family Expenses (Annual)

School Tuition and Fees	PhP
Withholding Tax	
SSS/GSIS/PAG-IBIG Contribution	
Insurance, Plans (per Year)	
Others (specify)	
Sub-total	PhP
Total Annual Expenses	PhP

If annual expenses is higher than annual income, please explain how you cover for the deficit.

What are the sources of income of the household? Please check all applicable items.

- Salaries or wages Commissions Remittances from abroad
 Practice of profession Business Real estate rentals
 Retirement pension Others: _____

Does any member of the family household have credit cards? () Yes () No

References (Immediate and extended family are not allowed to be used as reference. Preferred persons are high school teacher, guidance counselor/principal, or family friend.)

Name	Relation to Applicant	Company	Contact Number
1.			
2.			



VICINITY MAP FORM

Draw a map that shows how to get from your residence to Tytana. State landmarks and names of major streets and use an "X" to indicate your house in the map.

We hereby certify that all the information and documents submitted are accurate and complete. We understand that any misinformation and/or withholding of information will automatically disqualify the undersigned applicant from receiving any financial assistance, or subsidy, and may serve as a basis for the cancellation of the scholarship grant that may be awarded by the College. **Furthermore, if such misinformation and/ or withholding of information on our part is discovered after the Tytana Scholarship Grant has been awarded, it is to our knowledge that we will be required to reimburse full amount received thru the scholarship grant without prejudice to the filing of charges against us.**

Signature over Printed Name of Applicant

Signature over Printed Name of Parent

Date

Date