



St. Luke's
Medical Center
College of Medicine
William H. Quasha Memorial

The St. Luke's Medical Center College of Medicine Application for Financial Aid Criteria for Eligibility and Terms of the Grant

To be eligible to the SLMCCM-WHQM Financial aid, the applicant must:

1. Be Filipino
2. For freshmen, have an NMAT score of 90 percentile or better, graduated with Latin honors and NO failure/s in any course/subject.
3. For incoming Year Level 2, have no failing grades from the previous academic year.

Instructions

Fill out the application form clearly. DO NOT LEAVE ANY BOX UNANSWERED. Should you wish an electronic copy, please send an email message to registrar@stlukesmedcollege.edu.ph.

1. Boxed responses should be marked with an X.
2. All erasures should be countersigned.
3. Place the application form including the documentary requirements in a long brown envelope. Make sure all documents are complete. Incomplete application form and documents will not be processed.
4. Label the brown envelope with your name on the left hand corner. Address the envelope to ***The Financial Aid Committee, St. Luke's Medical Center College of Medicine-William H. Quasha Memorial***
5. Submit the documents to the Office of the Registrar, St. Luke's Medical Center College of Medicine - William H. Quasha Memorial.
6. Falsification and/or withholding of information during the application process will be grounds for the disqualification of the student's application, the termination of the grant in case it has already been awarded to the student, and separation from the Medical Program of the College.
7. All information shared by the student will be treated with confidentiality and will solely be used for financial aid application purposes only.



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STAPLE YOUR PHOTO HERE

Application for Financial Aid

Name (Surname, First Name, Middle Name)		Student Number
Date of Birth (Day, Month, Year)	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Citizenship <input type="checkbox"/> Filipino <input type="checkbox"/> Other _____
Civil Status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widowed		Religion
City Address		Phone Number (Landline)
Permanent Address		Phone Number (Landline)
Cellphone Number of Applicant	Email Address	Mailing Address same as: <input type="checkbox"/> City Address <input type="checkbox"/> Permanent Address
Name of Parent/Legal Guardian/Spouse (Encircle One)		Contact Number
Permanent Address		
For Official Use Only (Do not write below this line)		
Scholarship Application No.	Academic Year	Date Received

High School Information		
Name of High School		Contact Number
Address		Classification of High School <input type="checkbox"/> Public <input type="checkbox"/> Science High School <input type="checkbox"/> Private
Check One. <input type="checkbox"/> Paying Student <input type="checkbox"/> On scholarship: Source of Scholarship _____ <input type="checkbox"/> Others		
Tertiary School Information		
Name of College/University		Contact Number
Address		Course
Classification of College/University <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> State University	Total tuition fee paid on the last two semesters of College _____ _____	Were you on a scholarship in College? <input type="checkbox"/> Yes, <input type="checkbox"/> Full <input type="checkbox"/> Partial <input type="checkbox"/> No
Employment Information		
Are you currently employed? <input type="checkbox"/> Yes, <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> No	Name and Address of Company	
Contact Number	Monthly Salary	Reference
Medical Education Financing Information		
Who will finance your medical education? <input type="checkbox"/> Self <input type="checkbox"/> Guardian <input type="checkbox"/> Relatives <input type="checkbox"/> Parents <input type="checkbox"/> Spouse <input type="checkbox"/> Scholarship, Amount: P _____ <input type="checkbox"/> Loan P _____ <input type="checkbox"/> Others P _____		I am applying for the following Scholarship Grant: <input type="checkbox"/> Category 1 <input type="checkbox"/> Category 2 <input type="checkbox"/> Category 3
Essay. Why do you need a Scholarship Grant from SLMCFI? How will the scholarship help you? Write a maximum of 1,500 word essay, why you think you should be awarded the Foundation scholarship, why you want to become a doctor, and what you envision yourself doing after graduating from medical school. Please type your answer on a bond paper with your name clearly written on the upper left corner of the front page.		
Photos. Please include photos of you and your family inside and outside your home.		

Household Data					
Name	Age	Highest Educational Attainment	School Graduated from	Occupation	Annual Salary (Gross Income)
Father					
Mother					
Legal Guardian					
Spouse					
Other family member/s contributing to household expenses (specify relationship)					
Which family members live in your household?					
<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Sister <input type="checkbox"/> Spouse <input type="checkbox"/> Children (your own, if any) <input type="checkbox"/> Brother <input type="checkbox"/> Others _____					
Single, non-earning sibling living with the family.					
Name	Age	Relationship to Applicant	Studying		Name of School Check applicable box
			Yes	No	

			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Private <input type="checkbox"/> Public
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Private <input type="checkbox"/> Public
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Private <input type="checkbox"/> Public
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Private <input type="checkbox"/> Public
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Private <input type="checkbox"/> Public
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Private <input type="checkbox"/> Public

Household Financial Information (All information that will be written here will be verified through documentary evidences and through home visit. Falsification or misrepresentation of information can lead to cancellation of the scholarship or the expulsion from the College of Medicine. This will be kept strictly confidential.)

Sources of income of your household (Check all applicable items)		Who contributes to the family income? (Check all that applies)	
<input type="checkbox"/> Salary Estimated monthly income _____ <input type="checkbox"/> Business Estimated monthly income _____ <input type="checkbox"/> Farm, <input type="checkbox"/> Owned <input type="checkbox"/> Renting Estimated monthly income _____ <input type="checkbox"/> Professional fees Estimated monthly income _____ <input type="checkbox"/> Remittance abroad Estimated monthly income _____ <input type="checkbox"/> Pension Estimated monthly income _____ <input type="checkbox"/> Others _____ Estimated monthly income _____		<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Siblings, No. of siblings _____ <input type="checkbox"/> Grandparents <input type="checkbox"/> Uncles and Aunts <input type="checkbox"/> Legal Guardian <input type="checkbox"/> Others, pls specify _____	
Does your family have.....(Check all that applies)		How much is the combined annual family income?	
<input type="checkbox"/> None <input type="checkbox"/> Cook <input type="checkbox"/> Others _____ <input type="checkbox"/> Maid/Yaya <input type="checkbox"/> Driver <input type="checkbox"/> Houseboy <input type="checkbox"/> Gardener		<input type="checkbox"/> Less than P100,000 <input type="checkbox"/> P100,000 to P425,999 <input type="checkbox"/> P426,000 to P699,999 <input type="checkbox"/> P700,000 to P1,000,000 <input type="checkbox"/> More than P1,000,000	

Utilities Information							
How much was your electricity bill in the last three months?			How much was your water bill in the last three months? Specify if no piped in water.				
Month and Year	Amount		Month and Year	Amount			
Do you have cable or satellite subscription?			Do you have a landline?		Do you have internet?		
<input type="checkbox"/> Yes, Amount of monthly subscription _____ <input type="checkbox"/> No			<input type="checkbox"/> Yes, Latest bill _____ <input type="checkbox"/> No		<input type="checkbox"/> Yes, Latest bill _____ <input type="checkbox"/> No		
Are your parents/legal guardian/spouse a member of the following organizations? Check all that applies							
<input type="checkbox"/> No membership to any organization <input type="checkbox"/> Business Organization (Chambers of Commerce, Business Clubs, PCCI, etc.) <input type="checkbox"/> Sports or Country Club (Quezon City Sports Club, Manila Polo Club, Celebrity Sports Plaza Club, etc) <input type="checkbox"/> Religious Organizations (Couples for Christ, Knights of Columbus, etc) <input type="checkbox"/> Service Organizations (Zonta, Rotary Club, Lion's Club, etc) <input type="checkbox"/> Professional Organizations (Philippine Medical Association, Integrated Bar of the Philippines, etc) <input type="checkbox"/> Others, pls specify _____							
Travel Information							
Do you have a passport?			Have you travelled abroad in the last three years?				
<input type="checkbox"/> Yes, Passport No _____ Date Issued _____ <input type="checkbox"/> No			<input type="checkbox"/> Yes, Where? _____ _____ Who financed your travel? _____ _____ <input type="checkbox"/> No				
Property Ownership Information							
Home ownership			What is the approximate floor area (in sqm) of your family's house?				
<input type="checkbox"/> Owned, not mortgaged <input type="checkbox"/> Owned, mortgaged, Total unpaid mortgage _____ <input type="checkbox"/> Rented, Amount of rent _____ <input type="checkbox"/> Others _____			No of bedrooms				
			No of toilets and bathrooms				
			Do you have flush toilets?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Home Appliances		Yes	How many	Home Appliances		Yes	How many
Television				Air Conditioner			
Video player				Clothes Dryer			
Radio				Upright Freezer			
Karaoke				Hand operated water pump			
Wood/charcoal/kerosene stove				Electric water pump			
LPG Stove				Desktop computer			
Cooking range with oven				Laptop			
Microwave				Computer game system			
Washing machine				Tablet			
Refrigerator							
What materials are your house made of?				How can you best describe your residential area? Check all possible answers			
<input type="checkbox"/> Concrete <input type="checkbox"/> Semi-Concrete (half wood, half concrete) <input type="checkbox"/> Made of light materials (corrugated iron, plywood, carton, etc.				<input type="checkbox"/> Urban <input type="checkbox"/> Gated subdivision <input type="checkbox"/> Suburban area <input type="checkbox"/> Slums <input type="checkbox"/> Rural <input type="checkbox"/> City/Municipality <input type="checkbox"/> Farm			

Does your family own residential lots aside from where you are living (page 7)?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Location		Market Value	
				Are these income generating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your family own non-residential/agricultural land?					
<input type="checkbox"/> Yes <input type="checkbox"/> No		Location		Market Value	
				Are these income generating? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your family own any of the following vehicles?			<input type="checkbox"/> None <input type="checkbox"/> Yes		
Type	How many?	Year Model	Type	How many?	Year Model
Car			Pick-up truck		
Van			Owner Type		
SUV			Truck		
AUV			Passenger jeep		
Motorcycle			Tricycle		
Are you willing to volunteer a part of your time to help the College Foundation with its advocacies/work?			Are you willing to be a regular donor when you have established your practice as a doctor to help other financially disadvantaged students to become doctors in the future?		
<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No		

Check list of Documentary Requirements

Instructions:

- Applicants should submit the application form along with the photocopy of the following documents (no original documents please except for the Barangay Certificate) placed in a long brown envelope with the name of the applicant printed clearly on the left hand corner of the envelope.
- Address the envelope to ***The Financial Aid Committee, St. Luke's Medical Center College of Medicine- William H. Quasha Memorial:***
- Check appropriate box. If not applicable, write NA.

- An application letter that states your intent to apply for a scholarship
- Two 2x2 photographs, with your name clearly written on the back.
- Photo of the inside and outside of your home, with you and your family.
- Latest ITR of all employed household members.
- If unemployed, certificate of unemployment from the Barangay
- Copy of latest payslip of employed household members
- Barangay Certificate attesting that the applicant is a resident of the barangay
- Official Receipt of Realty Tax for last year, if house is owned
- Official Receipt of rental payment, if the applicant and family are renting a house or notarized certificate from landlord stating the amount of rent being paid
- Official Receipt of tuition paid for the last two years of College
- Vicinity Map of the applicant's residence, with the house of the applicant clearly marked.
- Phone bill for the last three months
- Cellphone bill for the last three months (postpaid plan holders)
- Electric bills of the household for the last three months
- Water bills of the household for the last three months
- Cable TV bill of the household for the past month, if applicable
- Internet bill of the household for the past month, if applicable
- Certificate of indigency from the local social welfare office, if applicable

Statement of Authenticity and Truth of Documents and Assertions

I hereby certify that all information and facts that I stated in this application form are true to the best of my knowledge. I also certify to the authenticity of the documents that I am submitting with this application form.

I understand that falsification and withholding of information will automatically disqualify me from receiving financial aid. These can also serve as grounds for my separation from the St. Luke's Medical College of Medicine - William H. Quasha Memorial.

I understand that I will have to reimburse the full amount of money SLMCCM-WHQM has granted me, plus interest if I am found to have falsified or misrepresented any information contained herein.

I am authorizing the St. Luke's Medical Center College of Medicine - William H. Quasha Memorial to investigate the authenticity of the documents and the veracity of my claims. I know that a team will visit my home/residence to interview and gather evidences that will back up my claims. I also understand that the team will be taking photographs as evidence to support my claims of the financial circumstances of my family.

Lastly, I understand that my failure to fully cooperate with St. Luke's Medical Center College of Medicine - William H. Quasha Memorial will mean my disqualification from the Financial Aid.

Printed Name and Signature of Applicant

Date

VICINITY MAP (Please include major streets and landmarks. Mark your house clearly.)