



Children's Chance For Tomorrow Foundation
Transforming Lives Of Children At A Time

William D. Baldwin, III Educational Assistance Program (WDBIIIIEAP)

Important Notes:

1. The grant shall be for one academic year, renewable annually.
2. The School reserves the right to determine the kind of assistance.
3. WDBIIIIEAP privileges will be withdrawn from a student who withholds and/or falsifies information, without prejudice to other penalties that may be imposed by the School.

Part A. Instructions and Checklist

Instructions

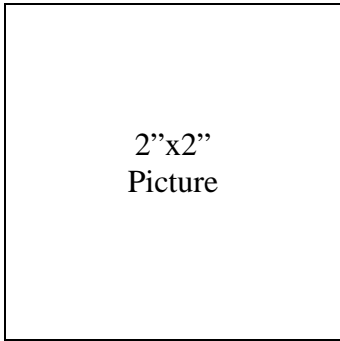
1. The application form must be filled out by the parent/legal guardian of the student/pupil applying for the WDBIIIIEAP.
2. Print all entries legibly. Place a checkmark inside the dialog box of the appropriate response.
3. Avoid erasures. For each erasure the parent/guardian must countersign the item corrected on the page margin.
4. Answer all questions and fill up all items. If the question requires a numerical response and the answer is None, write 0. When the question is not applicable to your situation, write N/A. Do not leave any item blank.
5. Attach photocopies of the documents/materials in the following checklist to your accomplished application form. Present all the documents for verification when you submit your application. Non-submission of applicable documents/materials may be considered withholding of information.
6. Submit the accomplished application form to the Office of the Principal of the School.

Checklist of required Documents/Materials

- 1. One (1) 2" x 2" latest picture pasted on Page 3 of this form.
- 2. Birth certificate of the applicant.
- 3. Latest income Tax Return (ITR) or Form 2316 of BIR (for employees) of the applicant's parents/legal guardian, submit a Barangay Certification of Employment stating the monthly or annual income.
- 4. Electric bills for the last three (3) months.
- 5. Latest report card.

WDB III Application No.: _____
Academic Year 20__-20__

WDBIIIIEAP Use Only:
Date Received: _____
Received by: _____



Part B. Application Form

1. Student Data

1.1 Student's Name:

Family Name: _____

First Name: _____

Middle Name: _____

1.2 Date of Birth : Month: _____ Day: _____ Year: _____

1.3 Sex : Male Female

1.4 Citizenship: Filipino Other, please specify: _____

1.5 Address:

Street Address: _____

Barangay: _____

City/Municipality: _____

Province: _____

Zip Code: _____

1.6 Elementary School Data:

Name of School: _____

Address: _____

Type of School: Public Private

Tuition and other school fees paid in your latest grade: P _____

Were you on a scholarship in elementary school? Yes No

1.7 High School Data (for high school applicants only):

Name of School: _____

Address: _____

Type of School: Public Private

Tuition and other school fees paid in your latest grade: P _____

Were you on a scholarship in elementary school? Yes No

1.8 Transferee?

Yes No

How much did you pay as school fees in your last school year? P _____

Were you on a scholarship in elementary school? Yes No

1.9 Does the student have brother/stepbrother/sister/stepsister studying in CCFT-CIS?

Name	Grade Level	Applying for Educational Assistance Program this year?	
		Yes	No

1.10 Is the student staying in a boarding house or dormitory?

- Yes No

How much is your monthly board? P _____

1.11 Who will finance the schooling of the student?

- Parents
- Relatives
- Scholarship other than WDB III EAP, please specify: _____
How much do you receive as a support per school year? P _____
- Educational Plan, please specify: _____
How much do you receive as a support per school year? P _____
- Others, please specify: _____
How much do you receive as a support per school year? P _____

2. Family/Household Data

Household is defined as all persons living under the same roof and/ or sharing food and other expenses.

2.1 Who among the following family members are co-residing with you?

- Husband
- Wife
- Legal Guardian Relationship to the student: _____
- Brothers/Stepbrothers Number: _____
- Sisters/Stepsisters Number: _____

Total numbers of your family co-residing with you: _____

2.2 Parents / Legal Guardian

Name	Age	Name of Employer	Occupation	Gross Income
Father/Stepfather				
Mother/Stepmother				
Legal Guardian				

2.2 Other family or household members who are employed or earning.

Name	Age	Relationship to the student	Name of Employer	Occupation	Gross Income

2.3 What are the sources of income of your household? (*Select all that apply*)

- | | |
|--|--|
| <input type="checkbox"/> Business | <input type="checkbox"/> Remittances from abroad |
| <input type="checkbox"/> Practice of Profession | <input type="checkbox"/> Commissions |
| <input type="checkbox"/> Farms/Haciendas/Fishponds | <input type="checkbox"/> Earnings from investments |
| <input type="checkbox"/> Real state rentals | <input type="checkbox"/> Pensions |
| <input type="checkbox"/> Salaries and wages | <input type="checkbox"/> Others |

2.4 Are there other members of the family schooling?

Name	Age	Relationship to the student	Name of School	Education Level	Tuition/School Fees

2.5 How many of the following are living with or working full-time for your family?

- | | <i>Number</i> |
|-------------------------------|---------------|
| Housemaid | _____ |
| Houseboy | _____ |
| Yaya | _____ |
| Cook | _____ |
| Driver | _____ |
| Gardener | _____ |
| Security Guard | _____ |
| Others, please specify: _____ | _____ |

2.6 What is the classification of the house your family is staying in?

- Owned
 Rented Monthly Rental: P _____
 Rent free/Living with relatives

3. Statement of the applicant's Parent/Legal Guardian

I hereby certify that I have read the entire application form and that I certify to the truthfulness and completeness of the information that me and my son/daughter/dependent has furnished in this application together with all the documents attached.

Moreover, I authorize the school to conduct a home visit to verify the veracity and accuracy of the information provided in this application. I understand that my refusal to comply may mean suspension or withdrawal of WDB III EAP benefits and privileges of my son/daughter/dependent.

Date: _____

Printed Name of Parent/Legal Guardian

Signature Name of Parent/Legal Guardian