

D. FAMILY BACKGROUND

Name	Occupation	Name of Company	Telephone/ Cellphone #	Birthdate (mm/dd/yyyy)
<u>Father</u>				
<u>Mother</u>				
<u>Guardian</u>				

Names of Brothers and Sisters	Age	School	Gr/ Yr	Employed (yes/no)	Married (yes/no)
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					

AGGREGATE INCOME OF FAMILY MEMBERS IN THE SAME HOUSEHOLD FOR ONE YEAR:

_____ (P _____)
 (AMOUNT IN WORDS)

Note: Attach a certified list of individual incomes and their sources.

 Signature over Printed Name of the Head of the Family

IMPORTANT: Please attach the following:

1. Photocopy of F-138 or 4th year High School Report Card with the Second or Third Grading Period's average.
2. Photocopy of latest Income Tax Return of your parents and family members in the same household as presented above;
3. Certificate of Non-filing of Income from the BIR if exempt from filing Income Tax Return.

I certify that the above information is true and correct and that any willful misinformation and/or withholding of information will automatically disqualify me from receiving any financial assistance from the SM Foundation, Inc.

 Signature of Applicant

 Date Today

 Printed Name of Applicant

*SM Foundation, Inc. retains the right to decide on the Scholarship grantees