



SACRED HEART SCHOOL - ATENEO de CEBU

Office of Admission and Scholarships

Check all applicable boxes below.

- ☐ Applicant is a new learner/transferee.
☐ Applicant is a GIA grantee for SY 2024-2025.
☐ Applicant is a new GIA applicant.

Glue 2x2 ID
photo here
(White
Background)

Write the information needed below:

Name of the guardian/parent of the applicant _____
Contact Number (preferably mobile number) _____
Email address _____
Name of Students Applicant _____
Incoming Grade Level by SY 2025-2026 _____ Date submitted _____

GRANT-IN-AID (GIA) SCHOLARSHIP APPLICATION FORM FOR SY 2025-2026

Instructions:

The **Grant-in-Aid (GIA) Scholarship** provides financial assistance to students with demonstrated financial need who aspire to receive a Jesuit education at Sacred Heart School – Ateneo de Cebu (SHS-AdC).

To be considered for the scholarship, please complete this application form accurately and honestly. You may fill out the form either in print or electronically; only one (1) application form per student applicant. Please write your answers in CAPITAL LETTERS in the space provided. The form must be answered completely. If the question/s are not applicable to you, write “N/A” in the space provided.

Submit the completed application form along with all required supporting documents in a brown envelope with your name clearly written at the upper left corner in the following format – SURNAME, First Name, Incoming grade level on or before May 23, 2025. The Office of Admission and Scholarship (OAS) staff will verify the submitted requirements at the OAS. Incomplete applications will not be accepted.

All applications are subject to review. Our scholarships are LIMITED and are strictly awarded based on the eligibility of the applicants. Not all applications will be granted scholarships. Only one (1) scholarship will be granted per family.

Guidelines:	CHECKLIST OF REQUIREMENTS TO ACCOMPLISH
	Please attach the requirements and documents in proper sequence.
1. Open to grades 1 to 12 students	<input type="checkbox"/> Accomplished GIA application form
2. Family gross income should not exceed Php 500,000.00.	<input type="checkbox"/> Recent 2x2 photo with white background (glued on form)
3. Only one applicant per family.	<input type="checkbox"/> Signed detailed personal letter explaining the need for financial assistance
	<input type="checkbox"/> Photocopy of the Report Card of the applicant
	<input type="checkbox"/> Photocopy of Financial Income Documents (any of the following)

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<p>Current student applicant:</p> <ul style="list-style-type: none"> a) General Average of at least P (85%), with no grade lower than D (80%) in all academic subjects b) A letter grade of not lower than B in all non- academic subjects c) A mark of B and above in the Conduct <p>New learner applicant:</p> <ul style="list-style-type: none"> a) Applicant must pass the admission process and receive a Notice of Acceptance prior to scholarship application. b) General Average of at least 85%, with no grade lower than 85% in all academic subjects, non-academic subjects, and conduct 	<p>___ Certification of Compensation Payment / Tax Withheld (BIR Form No.2316) for each presently employed parent and unmarried sibling residing with the family.</p> <p>___ Photocopy of Employment Contract for OFWs</p> <p>___ Photocopy of latest pay slip/payroll record of parents for 2 consecutive months</p> <p>___ If parents are self-employed / own a business / home industry, submit the following</p> <ul style="list-style-type: none"> ○ Detailed Description of the Nature of Work / Business ○ Annual Income Tax Return (BIR Form 1700 or 1701) ○ If applicable, photo of the building / establishment (print or paste photos on a short bond paper) <p>___ If parents are retired or retrenched within the past 2 years, submit a copy of the Certificate of Retirement or Separation with the amount of retirement/separation benefits received.</p> <p>___ If parents are exempted from filing an ITR, submit a letter addressed to the Scholarship Committee indicating the reasons for exemption and provide an affidavit of low income.</p> <p>___ If parents are unemployed, provide an affidavit of no income.</p> <p><input type="checkbox"/> Monthly electric and water bill of past 3 months. (If not applicable, submit a letter addressed to the Scholarship Committee indicating reasons for such)</p> <p><input type="checkbox"/> Copy of signed lease agreement if renting</p> <p>For New Learner Applicant:</p> <p><input type="checkbox"/> Photocopy of Notice of Acceptance (with no Academic Probation)</p> <p><input type="checkbox"/> Certificate of Good Moral Character</p>
<p style="text-align: center;">Dates to remember:</p> <p style="text-align: center;">Start of submission: April 1, 2025</p> <p style="text-align: center;">End of application: May 23, 2025</p> <p style="text-align: center;">Tentative Decision date: Third week of June 2025</p>	

STUDENT'S GENERAL INFORMATION				
Last Name		First Name		Middle Name
Age	Gender	Date of Birth	Citizenship	Religion
House No.	Street	Subdivision/Village	Barangay	
Town/City	Province	Zip Code	Home landline	
Mobile Number		Email address		
School presently attending (SY 2024-2025)		School attended previous school year (SY 2023-2024)		

STUDENT'S CREDENTIALS		
Awards: List down your academic and/or non-academic awards for the past 2 years including current school year. (Attach additional sheets as needed)		
Award Name	Date Received	Given by
Organizations: List down your membership in any academic/non-academic organizations for the past 2 years including current school year. (Attach additional sheets as needed)		
Name of Organization	Position	Year/s Active

FAMILY DATA			
Status of Parents <input type="checkbox"/> Living together <input type="checkbox"/> Single Parent <input type="checkbox"/> Separated/Divorced <input type="checkbox"/> Widow			
Father's Complete Name		Birthdate	Age If deceased, when?
Name of Father's Employer (Name of Company)		Father's Designation/Job Title	
Father's annual income	Other commissions / fees, allowances or benefits received (e.g., phone, laptop, car)?	If deceased/retired, amount of GSIS/SSS Pension:	
If the father is unemployed, please state when he was last employed and reason for current unemployment. State source of income of financial sustenance.			
Mother's Complete Name		Birthdate	Age If deceased, when?

Name of Mother's Employer (Name of Company)		Mother's Designation/Job Title	
Mother's annual income	Other commissions / fees, allowances or benefits received (e.g., phone, laptop, car)?		If deceased/retired, amount of GSIS/SSS Pension:
If the mother is unemployed, please state when she was last employed and reason for current unemployment. State source of income of financial sustenance.			
No. of children in the family including applicant			

List down the children who are still in school (excluding applicant) or not yet studying							
Name	Age	Gender	Grade/Year	School	Annual School Fee	Amount covered by scholarship, if any	Amount covered by parents
List down the children who have graduated /or are no longer in school (attach income document of every employed sibling)							
Name	Age	Civil status (include no. of dependents, if any)	Still residing with the family? (Yes / No)	Provides financial assistance? (Yes / No)	Name of employer /company? If unemployed, state reason	Position/Job Title	Annual Gross Income
Other adult persons (excluding parents and siblings) living with the family							
Name	Relationship	Civil Status (include no. of dependents living with you)	Is he/she financially supporting the household? (Yes / No)	How much, if applicable?			

Are any of your children currently granted scholarship in SHS-AdC?

Yes ____ No ____

If yes, please write their names and the type of scholarship.

Name of Child	Age	Type of Scholarship	Granted Amount

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Were any of your children on GIA or other scholarships in the past?

Yes ____ No ____

If yes, please write their names and the type of scholarship.

Name of Child	Age	Type of Scholarship	School Year Granted	Granted Amount

Are any of your children enrolled under an educational plan?

Yes ____ No ____

If yes, please write their names and the type of educational plan.

Name of Child	Age	Company Plan	Total Amount of Plan	Total Amount Payable	School Year Applicable

ASSETS OWNED BY FAMILY (check all that apply)

<input type="checkbox"/> House (including the one you are living in); How Many? _____	If house is rented or owned by others, please fill up details →	Name of house owner		
		Relationship to owner		
		Monthly rent		
	If house is loaned, please fill up details →	Company loaned from		
Monthly amortization				
<input type="checkbox"/> Car; how many? ____		<input type="checkbox"/> Jeep; how many? ____		<input type="checkbox"/> Motorcycle; how many? ____
If loaned, monthly amortization		If loaned, monthly amortization		If loaned, monthly amortization

Household appliances owned by family

Item	Quantity	Acquired When	Acquisition Cost	Monthly Payment	Remarks
1. Television Set/s (TV/s)					
2. Component System / Videoke					
3. Air Conditioner/s					
4. Desktop Computer/s					
5. Laptop Computer/s					
6. Refrigerator / Freezer					
7. Gas Stove / Oven / Electric Stove					
8. Microwave / Air Fryer					
9. Washing Machine / Dryer					
10. Piano / Organ					

FAMILY FINANCIAL STATUS

Do you have a business/home industry? (including sari-sari store, online business, freelance)		<input type="checkbox"/> Yes <input type="checkbox"/> No	What kind?	
Number of employees:			Date started:	
Capital Invested:			Annual Net Profit:	

Do you have farmlands/fishponds?	<input type="checkbox"/> Yes <input type="checkbox"/> No	No. of hectares	
Number of workers:		Type of crops/fish	
Approximate net profit per hectare per year			

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Other properties owned (residential, commercial, etc.)

Description and/or Use	Location	Size	Date Acquired	Value at Acquisition	Present Market Value	If any, Monthly Income

Please complete these two columns, otherwise your application will be considered INCOMPLETE

GROSS INCOME (per year in PESOS)		FAMILY EXPENSES (per month in PESOS) (Family Monthly Budget)	
Combined Annual Salary		Food & Grocery	
Father		House Rent / Amortization	
Mother		Electricity, Gas, Water	
Profit on Business/Home Industry		Telephone, Cellphone	
Profit on Lands		Broadband, Internet, Cable	
Rentals on Properties		Clothing, Uniform, etc.	
Financial Support of Relatives		Transportation/Fuel	
Retirement Benefits/Pension		Helper	
Commission/Bonuses		Medicines/Vitamins	
Others		Credit Card / Loan Amortization	
Sub-Total		Sub-Total x 12 months	
Bank Deposits:			
Savings Account		School Tuition & Fees (per year)	
Checking Account		School Books & Supplies	
Time Deposits		Insurance Plans	
Sub-Total			
TOTAL GROSS ANNUAL INCOME		TOTAL ANNUAL EXPENSES	

OTHER INFORMATION

Name two persons in your community (excluding relatives) whom the Scholarship Committee may get in touch with for possible inquiry. (Do not leave this blank).

NAME	ADDRESS	CONTACT NUMBERS

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Please make a sketch or directional map to your home in the space provided below. Indicate landmarks and signs to help the Scholarship Committee locate your house in case of home visit and inspection.

Please paste PHOTOS of your permanent residence: FRONT VIEW OF THE WHOLE HOUSE and KITCHEN/DINING/LIVING ROOM. If residing in a building/condominium/apartment/rented residence, submit a photo of the whole view of the unit you are staying.

Paste additional photos here of your KITCHEN/DINING/LIVING ROOM.

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SIGNED DECLARATION BY PARENTS/LEGAL GUARDIAN

1. We hereby certify that we have read and understood all questions set forth in this financial assistance application and that the above information furnished is true and correct. Any false or misrepresentation of information requested in this application form will be considered sufficient reason for refusal of the grant-in-aid scholarship application.
2. We hereby authorize the school to verify the same through an official inquiry, if needed.
3. We understand that the grant applied for is a matter of privilege and thus it is not demandable.
4. We understand that the results of the application and minutes of the deliberations of the Scholarship Committee are confidential thus we have no right to demand any information relative hereto.
5. We understand that the school reserves the right to revoke/cancel anytime the scholarship granted to a student on the following grounds.
 - a. Failure to maintain the academic and non-academic requirements set by the Scholarship Committee.
 - b. If the scholar has committed any major offense as defined in the Student Handbook.
 - c. If the documents submitted to the Scholarship Committee are found falsified.
6. We consent to allowing SHS-AdC to use the said information for the purpose of evaluation for eligibility for scholarship and allow the processing of such information by authorized personnel in accordance with the Data Privacy Act of 2012.
7. We consent to allowing the school to use the information we provided in its marketing and promotional efforts about the SHS-AdC's scholarships, published electronically or in print. We also consent for the school to give our information to other possible benefactors for the purpose of securing other external scholarships.
8. We understand that SHS-AdC may keep the information and supporting documents that we provided for data and statistical purposes.

 Father's Name and Signature / Date

Contact Number:

 Mother's Name and Signature / Date

Contact Number:

 Official Guardian's Name and Signature / Date

Contact Number:

(This portion is for Sacred Heart School – Ateneo de Cebu use only)

Reviewed by	
Date	
Remarks	

/OAS revised February 2025

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