



WORK STUDENT STUDY PROGRAM
Central Philippine University
Iloilo City, Philippines

2 x 2 Picture

PRE-APPLICATION FORM
INFORMATION SHEET

INSTRUCTIONS: Read and understand carefully all the questions contained herein before answering them. After doing so, fill out the blanks accurately and neatly in your own handwriting. Use ink and make your handwriting legible. **Answer all questions.** A dash or a line is not an answer.

1. Name _____ Religion _____
(Last name First name Middle Name.)
 Age _____ Sex _____ Civil Status _____
 Home Address _____ Cel. no. _____
 Address while in CPU _____ Tel no. _____
 Date of Birth _____ Place of Birth _____
 Height _____ Weight _____

2. Name of Father _____ Living or Deceased _____
 Address (if living) _____ Tel No. _____
 Occupation _____ Approximate Monthly Income _____
 Name of Mother _____ Living or Deceased _____
 Occupation _____ Approximate Monthly Income _____
 Name of Guardian (if parents are deceased) _____
 Address _____ Tel. No. _____
 Occupation _____ Approximate Monthly Income _____

3. If the Occupation of your father is farming;
 a. Is the land owned or rented? _____
 b. What are the products produced? _____
 c. How often do you harvest every year? _____
 d. Estimated Net Income/harvest? _____

4. Do you have any brother or sister employed as a work student at CPU? _____

5. Name of all brother(s) / sister(s)	Age	School where they are studying/Place of Work
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. Is your house owned or rented? _____

7. Your house is made of: Concrete _____ Wood _____ Light Materials _____

8. Appliances owned
 Stereo/Karaoke _____ Cell phone: Brand & Model _____
 Television _____ Refrigerator _____ Others _____
 VHS / VCD / DVD _____ Computer _____

9. Are you a recipient of any educational benefit or scholarship? _____
 If yes, please state the nature of the benefit or scholarship _____

10. From whom do you expect financial assistance (other than your parents) to support your schooling in CPU?

11. Have you ever been a work student at CPU? _____ If YES, please state your assignment and nature of work _____.

12. State your special or technical qualification for work (typing, computer, lettering, etc.)_____. State any work experience outside of the university_____.

13. School last attended _____

What was your general average during the last school year of your attendance in the above-mentioned school?_____

Degree Program you plan to pursue at CPU _____

14. Submit the following **requirements** together with this application:

- a.) Certificate of Good Moral Character from the Principal or Guidance Counselor.
- b.) Copy of report card or copy of grades
- c.) 2 X 2 I.D. Picture
- d.) Long white folder with fastener
- e.) Copy of Income Tax Return or Affidavit of non-filing of Income Tax (both parents)

15. Signature of Parents/Guardian

Father's Name & Signature

Mother's Name & Signature

Guardian's Name & Signature

I hereby certify that all the foregoing information is true and correct and shall hold myself liable for any falsehood or misrepresentation in so far as my application for Work-Student Study Program at Central Philippine University is concerned.

Date

Signature of applicant

IMPORTANT: NON-COMPLETION of the requirements for this application may serve as sufficient grounds for rejecting your application.

WAIVER OF LIABILITY
FORM FOR PARENTS (GUARDIAN'S) PERMISSION AND AGREEMENT

Date_____

TO WHOM IT MAY CONCERN:

I have given my son/daughter _____
permission to join the Work Student Study Program of Central Philippine University

I realize the risks connected with his/her admission to the Work Student Study Program. As long as necessary precautions are diligently taken by the University representatives, in loco parents, to ensure his/her safety during duty, I shall not hold Central Philippine University responsible for any untoward incident that may arise on account of his/ her own fault or negligence or of force majeure and of causes purely accidental, fortuitous or beyond the control of his/her Unit Supervisor.

(Date)

SIGNED: _____
Name & Signature of Parent or Guardian

*** To be signed by parents / guardians of minors and those aged 21 years-up if they are still under their parents' or guardians' care and support.**