

De La Salle Credit Cooperative, Inc.

EDUCATIONAL ASSISTANCE APPLICATION FORM

A. Personal Information

Name: _____

Home Address: _____

Residence type: Renting Living with parents
 Fully Owned Loan/Mortgaged property

E-mail: _____ Mobile Phone _____

School _____
(Campus affiliation e.g. DLSU / CSB / ZOBEL / DASMA / HEALTH SCIENCES, ETC.)

No. of years in Credit Cooperative _____ Annual Income _____

B. Family Background

Spouse Name _____ Employed Not Employed

If employed - Employer/Business Name _____
Annual Income _____

Total number of dependent children _____

	NAME OF CHILDREN	BIRTHDATE	SCHOOL ATTENDED (Pls. specify grade or year)
1			
2			
3			
4			
5			
6			

I hereby certify that the information stated above is accurate and correct.

Signature of Applicant

REQUIREMENTS:

1. Gross annual family income should not exceed **P350,000.00.**
2. Please attach photocopy of the following:
 - 2.a BIR Form 2306 of husband and wife;
 - 2.b Birth certificate of children.