

De La Salle Credit Cooperative

EDUCATIONAL ASSISTANCE FORM

A. Personal Information

Name: _____

Home Address: _____

E-mail: _____ Mobile Phone: _____

School: _____
(Affiliation of Member, e.g. DLSU/CSB/ZOBEL/DASMA /HEALTH SCIENCES, ETC.)

Number of years as DLSCC member: _____ Annual Income: _____

B. Family Background

Spouse name: _____ Employed: _____ Not employed: _____

If employed - Employer/Business Name: _____
Annual Income: _____

Total number of children 21 years old and below _____

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

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

Signature of Applicant

APPROVED BY:

Credit Committee

Credit Committee

REQUIREMENTS:

1. Gross annual family income not exceeding **P500,000.00**.
2. Photocopy of the following:
 - 2a BIR Form 2316 of husband and wife (**with BIR stamp**);
 - 2b Birth certificate of children.
3. For un-employed spouse – **ORIGINAL COPY** of **Barangay Certificate** (current year) stating that spouse is unemployed.
4. For OFW spouse – **ORIGINAL COPY** of **certification** or **certified true copy** of allotment from the agency or contract of employment.
5. For single parent – Photocopy of **SOLO PARENT ID**.

INCOMPLETE REQUIREMENTS WILL NOT BE PROCESSED.