

Legal Name \_\_\_\_\_  
(Name in Birth Certificate)                      LAST NAME                      FIRST NAME                      MIDDLE NAME

## UNIVERSITY OF THE ASSUMPTION SENIOR HIGH SCHOOL

### ARCHDIOCESE OF SAN FERNANDO (ASF) GRANT RECOMENDATION FORM

#### INSTRUCTIONS

To the Applicant:

- Please write your name above using ink.
- Ask your JHS Principal to fill-out this form.
- Kindly supply him/her with an envelope.

To the Person Recommending:

- The student above is applying for Scholarships and Grants in the University of the Assumption. The Scholarships and Grants Committee will appreciate your opinion on the points outlined below.
- Please make your judgment carefully and fill out the form completely as it will surely be used in the evaluation of financial need and merit of the applicant.
- After filling out this form, please put it in an envelope, seal and sign across the flap and return to the applicant.
- Countersign erasures and corrections made. All information will be kept confidential. Thank you for your assistance.

#### GENERAL EVALUATION

1. How long and in what capacity have you known the applicant?

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2. Is the applicant a recipient of any academic grant, financial aid, or tuition discount in high school? Please specify.

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3. Describe briefly the family's financial situation.

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#### OVERALL RECOMMENDATION

DO NOT OMIT THIS PART. Please check one.

- RECOMMENDED  
 RECOMMENDED **WITH RESERVATION**  
 **NOT** RECOMMENDED

----- PLEASE DO NOT LEAVE THIS PART BLANK -----

Accomplished by: \_\_\_\_\_ Official Name of School: \_\_\_\_\_

Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Contact Number/s: \_\_\_\_\_

Date Accomplished: \_\_\_\_\_