



DEEP Scholars Assn. Inc.

Funding Assistance for Scholars to Transcend (FAST)

APPLICATION FORM

Instructions:

1. Print all entries legibly in BLOCK letters using black ink
2. Fill up all blanks completely (indicate none or NA if not applicable)
3. Complete documentation requirements:
 - ☐ Letter of Endorsement from Employer/Manning Agency.
 - ☐ Photocopy of two (2) Valid Government Issued IDs (NBI, SSS, Seaman's Book, Passport, PRC License); **for maker and co-makers**
 - ☐ Pay slip (3months or 6 pay periods); **for maker and co-makers**
 - ☐ Certificate of Employment; **for maker and co-makers**
 - ☐ Summary of Expense (for DEEPSAI funding)
 - ☐ 2x 2 ID pictures; one copy each for maker and co-makers (to be placed in the box provided)
 - ☐ **If foreign travel is involved**, copy of approved visa (to follow)
 - ☐ **If foreign travel is involved**, travel insurance papers (to follow)

2" x 2"
Latest ID PICTURE
(taken within the
last 3 months)

Received by DEEPSAI Administrative Officer

SIGNATURE OVER PRINTED NAME

Date of Filing: _____

PERSONAL INFORMATION

Name _____
(Last Name) (First Name) (Middle Name)
Age: _____ Gender: _____ Marital Status: _____ Religion: _____ Citizenship: _____
Date of Birth: _____ Place of Birth: _____
Present Address: _____
Home/Provincial Address: _____
Email Address: _____ Tel./Cel. No. _____
Degree Program Graduated: _____ Year Graduated: _____ DEEP Batch No.: _____
School Name: _____
School Address: _____
Contact Person, Position: _____ Tel./Cel. No. _____

Employment:

Name of Present Company _____ Tel./Cel. No. _____
Address: _____ Current Position: _____
Name of Immediate Supervisor: _____ Tel./Cel. No. _____
Name of Immediate Past Company: _____ Tel./Cel. No. _____
Address: _____ Position: _____ (From _____ to _____)
Name of Supervisor: _____

DEEPSAI Membership (to be accomplished together with the Administrative Officer)

Type of DEEPSAI Member: ☐ Existing ☐ New
Membership: ☐ Active ☐ Inactive • Are you Paying Forward? ☐ Yes ☐ No • Amount of Monthly Contribution: _____
If Yes, since when: _____; How often? (e.g., Monthly, Every 15 days, etc.): _____
Current Remittance arrangement: ☐ Automatic Salary Deduction ☐ Personal Payment/Remittance
Total Amount contributed: _____ as of: _____
If No, give reason Why Not?: _____

FAMILY BACKGROUND

Name of Father: _____ Age: _____ Tel./Cel. No. _____
 Address: _____ E-mail Address: _____

Name of Mother: _____ Age: _____ Tel./Cel. No. _____
 Address: _____ E-mail Address: _____

Name of Spouse: _____ Age: _____ Tel./Cel. No. _____
 Address: _____ E-mail Address: _____

Brother/Sisters:

Name:	Age:	Occupation:	Contact Number:	Email Address:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

If any, Child/ren:

Name:	Age:	Occupation:	Contact Number:	Email Address:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Person to contact in case of emergency: _____ Tel./Cell No.: _____
 Address: _____ Email Add.: _____

Amount of funding needed, specify: ₱ _____; Purpose: _____

Funding requirements and sources:

No.	Cost Item	Amount (₱)	Source of Funds		Remark/Explain
			Particular	Amount (₱)	
1.					
2.					
3.					
Total					

Name of other lender/s: _____; Amount: (₱) _____; Status: _____

Repayment Arrangement (As discussed /agreed with Applicant)

☐ Payroll/ Salary deduction; ☐ Letter of Authority to Deduct with conformity of Employer

For Salary deduction, kindly fill-out the bank details below for the preferred release option: **(MUST BE UNDER APPLICANT'S BANK ACCOUNT)**

Name of bank: _____ Terms of payment: _____ months repayment

Account Name: _____ Account Number: _____

☐ Monthly payment (based on Amortization schedule) (₱) _____; Post-dated checks submitted? Yes ☐ No ☐

Total No. of checks: _____ Name of bank: _____

Repayment Capacity (As discussed /agreed with Applicant)

Name of Employer: _____

Employer Address: _____

Employment: ☐ Existing ☐ New, effective date: _____; Where? ☐ Local, ☐ Foreign: _____

Monthly salary: ☐ Existing: (₱) _____; ☐ New (₱) _____

Estimated Net take-home pay: (₱) _____ or Estimated monthly remittance (US\$) _____

CO-MAKERS' INFORMATION

1" x 1"
ID PICTURE
(taken within the
last 3 months)

Name _____

(Last Name)

(First Name)

(Middle Name)

Relationship to the applicant: _____

Age: _____ Gender: _____ Marital Status: _____ Religion: _____ Citizenship: _____

Date of Birth: _____ Place of Birth: _____

Present Address: _____

Home/Provincial Address: _____

Email Address: _____ Tel./Cel. No. _____

Employment:

Name of Present Company: _____

Address of Present Company: _____

Department: _____ Current Position: _____ Tel./Cel. No.: _____

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Email Address: _____ Tel./Cel. No. _____

Employment:

Name of Present Company: _____

Address of Present Company: _____

Department: _____ Current Position: _____ Tel./Cel. No.: _____

**** I/WE HEREBY DECLARE THAT INFORMATION ABOVE DISCLOSED ARE GENUINELY TRUE AND CORRECT. I/WE GIVE DEEPSAI THE FREE AND VOLUNTARY CONSENT FOR THE LEGITIMATE USE OF THESE INFORMATION ****

Applicant's Signature over Printed Name

Date

Co-Maker's Signature over Printed Name

Co-Maker's Signature over Printed Name

DATE

Note: Fully accomplished form and complete documentation requirements to be submitted to DEEPSAI.