



SAINT MICHAEL COLLEGE OF HINDANG LEYTE

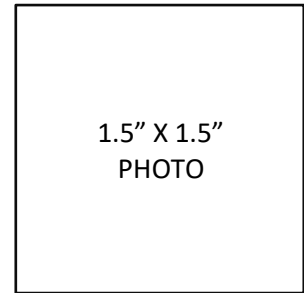
A. Bonifacio Street Poblacion II Hindang, Leyte

T: (053) 856 – 0002 | (+63)917 871 – 7240

Semester _____ A.Y. _____ - _____

WORK STUDY PROGRAM STUDENT APPLICATION FORM

Please complete and submit this form with other required documents to the Registrar’s Office. All sections must be completed. Write N/A on the fields that are not applicable.



POSITION APPLYING FOR:

PERSONAL INFORMATION

NAME	_____			
	Surname	Given Names	Middle Name	Suffix

DATE OF BIRTH	_____	PLACE OF BIRTH	_____
GENDER	_____	CIVIL STATUS	_____
RELIGION	_____	NATIONALITY	_____

MAILING ADDRESS

Current Address While Attending SMCHLI

STREET ADDRESS	_____		
CITY/TOWN	_____	PROVINCE	_____
COUNTRY	_____	POSTAL CODE	_____
HOME TEL NO.	_____	MOBILE NO.	_____
EMAIL ADDRESS	_____		

ACADEMIC STATUS

STUDENT NUMBER	_____	UNITS / TERM	_____
CURRENT GRADE LEVEL	<input type="checkbox"/> Grade 11	<input type="checkbox"/> Grade 12	
	<input type="checkbox"/> 1st Year	<input type="checkbox"/> 2nd Year	<input type="checkbox"/> 3rd Year <input type="checkbox"/> 4th Year
PROGRAM / MAJOR	_____		GPA _____
ENROLMENT STATUS	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Full-Time	Graduation Year _____
CO-CURRICULAR INVOLVEMENT	_____ _____ _____		

APPLICATION DETAILS

HAVE YOU BEEN OR CURRENTLY IN WORK-STUDY PROGRAM?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, SPECIFY POSITION AND DEPARTMENT	_____	
TECHNICAL EXPERIENCE: (Check any that you are proficient in)		

- | | |
|---|---|
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> Organizing / Filing / Record Keeping |
| <input type="checkbox"/> Microsoft Excel | <input type="checkbox"/> Research |
| <input type="checkbox"/> Website Management | <input type="checkbox"/> Telephone Etiquette |
| <input type="checkbox"/> Accounting | <input type="checkbox"/> Cashiering |
| <input type="checkbox"/> Other (please specify) _____ | |



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CLASS SCHEDULE

SUBJECTS (Please include Course Codes)	DAY	TIME

WORK-STUDY PROGRAM AVAILABILITY

DAY	TIME	DAILY WORKING HOURS
TOTAL WORKING HOURS PER WEEK		

FAMILY INFORMATION

DETAILS	FATHER	MOTHER
NAME		
HOME ADDRESS		
HOME TEL NO.		
MOBILE NO.		
EMAIL ADDRESS		
OCCUPATION / POSITION		
COMPANY		
COMPANY ADDRESS		
BUSINESS PHONE NO.		
GROSS ANNUAL INCOME (Php)		
NUMBER OF SIBLINGS		



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FINANCIAL INFORMATION

STUDENT RESOURCES		
TYPE	DETAILS	AMOUNT (Support per Term)
Savings		₱
Parental Support		₱
Relative Support	Relation:	₱
Scholarships (specify type)		₱
Educational Plan (specify type)		₱
Others		₱
TOTAL RESOURCES		₱

STUDENT EXPENSES		
TYPE		AMOUNT (Support per Term)
Tuition and Fees (academic year)		₱
Books		₱
Residence		₱
<input type="checkbox"/>	Living with Relatives	
<input type="checkbox"/>	Renting (during academic year)	Monthly Rental: ₱
Utilities		₱
Food		₱
Transportation		₱
<input type="checkbox"/>	Own Vehicle / Carpool	
<input type="checkbox"/>	Motorcycle	
<input type="checkbox"/>	Public Transport	Fare/day: ₱
<input type="checkbox"/>	Bicycle/Walk	
TOTAL EXPENSES		₱
TOTAL EXPENSE – TOTAL RESOURCE = NEED		₱

CERTIFICATION

I hereby attest that all information supplied in this application is accurate and complete to the best of my knowledge. I hereby authorize Saint Michael College of Hindang Leyte Inc. to verify all information provided in this form. I fully understand that withholding of information or any form of misrepresentation of information supplied herein will automatically nullify my application and will be subject to disciplinary action.

SIGNATURE OVER PRINTED NAME

DATE

FOR OFFICE USE ONLY		
APPLICATION RECEIVED BY _____	DATE _____	
COMMENT / ACTION / DECISION: _____		

_____ DEPARTMENT HEAD	_____ SIGNATURE	_____ DATE