



AIR LINK INTERNATIONAL AVIATION COLLEGE
BASIC EDUCATION DEPARTMENT

Domestic Road, Pasay City, Metro Manila 1301

NO TOP-UP PROGRAM APPLICATION FORM

Instructions:

1. The No Top-Up Program is exclusively offered to incoming Grade 11 students.
2. The application form must be answered carefully and completely. All given information will be kept confidential.
3. Write N/A if the information requested is not applicable.
4. Applications without the required documents and with incomplete information will NOT be processed.
5. If necessary, parents may be called for an interview for clarification of data given.
6. Attach the following supporting documents:
 - Accomplished application form
 - 2x2 photo with white background
 - Letter of intent and justification of financial need
 - Copy of Form 138 in Grade 10
 - Certificate of Good Moral Character
 - Government-issued ESC Certificate
 - Original certificate of employment and compensation of both parents/guardian
 - Photocopy of payslip for the last 2 months of both parents/guardian
 - Latest tax exemption certificate or Income Tax Return (ITR) of both parents
 - Certificate of non-filing of tax or tax exemption from the BIR (only if ITR is not available)
 - Photocopy of the contract showing the monthly salary (only for students with parents working overseas)

Note: Slots for the No Top-Up Program at ALIAC-Basic Education Department are limited and are strictly given considering the applicant's eligibility and ability to complete the required documents. For more information regarding this program, reach us through the contact information provided below.



NO TOP-UP PROGRAM APPLICATION FORM

Date of Application: _____ Application No: _____
School Year: _____ (To be accomplished by the School Officer)

PERSONAL INFORMATION

Name (Surname, First Name, Middle Name): _____
Age: _____ Sex at Birth: _____ Citizenship: _____
Date of Birth: _____ Place of Birth: _____ Religion: _____
Mobile No: _____ Telephone No: _____ Email Address: _____
Full Home Address: _____

Grade Level (upcoming school year): _____ Strand: _____

FAMILY DATA

Status of Parents: Living Together Single Parent Separated
Father: Living Deceased
Name: _____ Age: _____
Contact No: _____ Email Address: _____
Home Address: _____

Occupation: _____ Monthly Income: _____
Company: _____ Office No: _____
Company Address: _____

Mother: Living Deceased
Name: _____ Age: _____
Contact No: _____ Email Address: _____
Home Address: _____

Occupation: _____ Monthly Income: _____
Company: _____ Office No: _____
Company Address: _____

Guardian (if applicable)
Name: _____ Age: _____
Contact No: _____ Email Address: _____
Home Address: _____

Occupation: _____ Monthly Income: _____
Company: _____ Office No: _____
Company Address: _____



Siblings (*Attach additional sheets as needed*)

	Sibling 1	Sibling 2	Sibling 3
Name			
Age			
Contact Number			
Email Address			
Grade Level (if studying)			
School (if studying)			
Occupation (if working)			
Company (if working)			
Monthly Income (if working)			
Living with the family (Yes/No)			

CREDENTIALS (*If applicable; Attach supporting documents*)

List down your academic and/or non-academic awards (*Attach additional sheets as needed*)

Award Name	Date Received	Given/Issued by:

List down the seminars/training programs that you have attended (*Attach additional sheets as needed*)

Program Title	Date Received	Given/Issued by:

ORGANIZATIONS

List down your membership in any academic/non-academic organizations (*Attach additional sheets as needed*)

Name of Organization	Position	Year/s Active



SIGNED DECLARATION BY THE APPLICANT AND PARENTS/LEGAL GUARDIAN

1. We hereby certify that the above information is true and correct. Any misrepresentation of facts will render this form invalid and will immediately disqualify our application for this scholarship.
2. We consent to allowing ALIAC to use the said information for legitimate purposes specifically for the evaluation for eligibility and allow the processing of such information by authorized personnel in accordance with the Data Privacy Policy of the Institution.
3. We also consent to allowing ALIAC to use the information we provided in feature articles about the Institution's scholarship programs or other promotional materials published electronically or in print.
4. We understand that ALIAC may keep the information and supporting documents that we provided for historical and statistical purposes.

Applicant's Signature over Printed Name & Date Signed

Father's Signature over Printed Name & Date Signed

Guardian's Signature over Printed Name & Date Signed

Mother's Signature over Printed Name & Date Signed

(This portion is for ALIAC-Basic Education Department Officers' use only)

Screened by:

Marketing Officer

Date Signed

LIS Coordinator

Date Signed

Principal

Date Signed

Approved by:

Vice President for Administration & Finance

Date Signed