

Applicant's Complete Name: _____

Phone Number: _____

SAMPOERNA SCHOOL OF BUSINESS FINANCIAL CONDITION FORM



- Please complete this form to be considered for the Student Assistance Program (Scholarship/ Student Financing)
- This form must also be acknowledged by the applicant's **Parent / Guardian**

I. Family Background

Parents' Information	Father	Mother
1. Name:	_____	_____
2. ID (KTP) number:	_____	_____
3. Nationality:	_____	_____
4. Place / Date of Birth:	_____	_____
5. Mailing Address:	_____	_____
6. House Phone / Hand Phone Number:	_____	_____
7. E-mail Address:	_____	_____
8. Last Education:		
a. Level:	_____	_____
b. School/Institution:	_____	_____
c. Location:	_____	_____
9. Occupation:	_____	_____
10. Employer's Name:	_____	_____
11. Position:	_____	_____
12. Year of Starting the job:	_____	_____
13. Gross Salary per month:	_____	_____
14. Other source of income:	_____	_____

Parents' Dependants	
15. Number of Parents' Dependants:	_____
16. Number of Sibling:	_____
17. Age of Siblings:	_____
18. Number of Sibling who are still studying: (Schools and Levels)	1) _____
	2) _____
	3) _____
	4) _____

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19. Number of Sibling who are working:
(Occupation)

1) _____

2) _____

3) _____

4) _____

II. House Ownership

20. Housing Status: Owned by Family Rent Other: _____

21. Width of the Land/Building: _____

22. Type of Housing: Permanent Semi Permanent Other: _____

23. Estimated House Price on the Market:
(NJOP) _____

24. Rental Fee per Month (If it is rented) _____

III. Vehicle Ownership

25. Kinds of Vehicles owned: (If there is not any, please continue to Section VI)

Car, Total Number : _____, Brand: _____, Year: _____,
Selling Price: _____

Motorcycle, Total Number : _____, Brand: _____, Year: _____,
Selling Price: _____

Other: _____

IV. Family Income (per Month)

Family :

Income from Renting :

Income from Interest :

Allowance :

Commission :

Other Source of Income :

Total Income →

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V. Family Expenses Breakdown per Month

<u>Expenses per Month</u>	<u>Installment Per Month</u>
Food & Beverages _____	Loan 1 _____
House (installment/rental fee) _____	Loan 2 _____
Clothes _____	Loan 3 _____
Medical / Health Expenses _____	Loan 4 _____
Education (tuition, books, transportation, etc.) _____	Credit Card 1 _____
Water (PAM) _____	Credit Card 2 _____
Electricity _____	Credit Card 3 _____
Gas / oil / kerosene _____	
Telephone _____	TOTAL EXPENDITURE _____
Transportation _____	
Cable TV _____	
Insurance _____	
Entertainment _____	
Taxation _____	
Fuel _____	
Others _____	

Statement:

I hereby certify that I understand and agree to the Student Assistance Program of Sampoerna School of Business. I also declare that all information contained in this Student Financial Condition Form is true; submitting false information will automatically disqualify me from any consideration for the Student Assistance Program. I also authorize the Selection Committee of Student Assistance Program of Sampoerna School of Business to contact the institution or related parties at any time, if necessary, to obtain additional information about the financial condition. The granting of financial assistance will be the decision of Sampoerna School of Business Selection Committee and all decision is valid.

Date: ____ / ____ / ____

Signature

Place: _____

Parent / Guardian: _____

Applicant: _____