**CONSEJO DE ADMINISTRACION DE LA CAFETERIA**

**Solicitud de Beca Alimenticia**

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| 1 | Nombre y Apellidos: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | Carrera y Semestre: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | Promedio General: | | |  | |  | | Edad: | | | |  | | | | | | Sexo: | | | | | M | | | | ( ) | | | F | | | ( ) | |
| 4 | Domicilio Actual: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | Municipio y Estado: | | | |  | | | | | | | | | | | | | | | | | | | | | C.P. | | |  | | | | |
| 6 | Teléfono: | | | | | | Facebook: | | | | | | |  | | | | | | | | | | E-mail: | | | | |  | | | | |
| 7 | La casa donde vives actualmente es: | | | | | | | | | | Rentada ( ) | | | | | | | | | Prestada ( ) | | | | | | | | Propia ( ) | | | | | |
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| En caso de que rentes ¿cuánto pagas mensualmente? | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |
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| 8 | ¿Cuentas con algún seguro médico? | | | | | | | | Si | | ( ) | | | | | No | | | ( ) | | | ¿Cuál? | | | | | |  | | | |  | |
| 9 | ¿Padeces alguna discapacidad? | | | | | | | | Si | | ( ) | | | | | No | | | ( ) | | | ¿Cuál? | | | | | |  | | | |  | |
| 10 | | ¿Padeces alguna enfermedad crónica? | | | | | | | | Si | | ( ) | | | | No | ( ) | | | | ¿Cuál? | | | |  | | | | | |  | | |
| 11 | | Estado Civil: |  | | | | | | | | |  |  | | | |  | | | |  | | | |  | | | | | |  | | |
| 12 | | ¿Perteneces a alguna etnia indígena? | | | | | | | | Si | | ( ) | | | | No | ( ) | | | | ¿Cuál? | | | |  | | | | | |  | | |
| 13 | | Actualmente cuentas con alguna beca | | | | | | | | Si | | ( ) | | | | No | ( ) | | | | ¿Cuál? | | | |  | | | | | |  | | |
| 14 | | ¿Haz tenido beca alimenticia antes? | | | | | | | | Si | | ( ) | | | | No | ( ) | | | | ¿Cuál? | | | |  | | | | | |  | | |

**Instrucciones:**

Contesta las siguientes preguntas que corresponden a tu padre o tutor (anexar copia de la credencial de Elector), de manera clara, verídica, (si eres independiente no es necesario contestarlas).

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| 1 | Nombre del padre o tutor: | | |  | | | | | | | | | |
| 2 | Estado Civil: | |  | | | | | | | | | | |
| 3 | Dirección: | |  | | | | | | | | | | |
| 4 | Ocupación: | |  | | | | | | | | | | |
| 5 | Teléfono: | |  | | | | | | | | | | |
| 6 | Ingreso: | | Quincenal: | |  | | | Mensual: | | |  | | |
| 7 | ¿Cuántas personas dependen del sueldo que percibe? | | | | | | | | |  | | | |
| 8 | | La casa es: | | | | Rentada ( ) | | | Prestada ( ) | | | Propia ( ) | | |
| En caso de rentar ¿cuánto paga mensualmente? | | | | | | |  | | | | | |

En caso de solventar tus gastos contesta lo que se te pide:

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| Lugar donde trabajas: |  |
| ¿Cuál es tu salario? |  |
| Teléfono de tu trabajo: |  |

Describe brevemente porque necesitas obtener la beca alimenticia:

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| Nombre y Firma del Padre o Tutor |  | Nombre y Firma del solicitante |
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