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| UPZ LOGO THE ONE 4 | **UNIVERSIDAD POLITÉCNICA DE ZACATECAS**  **PROGRAMA DE APOYO ALIMENTARIO**  **ENERO-ABRIL 2020**  **SOLICITUD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DATOS DEL SOLICITANTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apellidos | | | | | | | | | | | | | | | | | Carrera | | | | | | | | | | | Grado | | | Matrícula | | | | |
| Nombre(s) | | | | | | | | | | | | | | | | | Fecha de nacimiento | | | | | | | | | | | | Estado Civil | | | Sexo  (M / F) | | | |
| Domicilio | | | | | | | | | | | | | | | | | Teléfono (casa paterna) | | | | | | | | | | | | Móvil | | | | | | |
| Localidad | | | | | | | | | | C.P. | | | | | | | Estado | | | | | | | | | | | | | | | | | | |
| **DATOS FAMILIARES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apellidos y nombre(s) de padre y madre | | | | | | | | | Edad | | Ocupación | | | | | | | | | Lugar de  trabajo | | | | | | | | | | Ingreso Mensual (bruto) | | | Convive | | |
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|  | | | | | | | | |  | |  | | | | | | | | |  | | | | | | | | | |  | | | SI | NO | |
| Apellidos y nombre(s) de hermanos | | | | | | | | | Edad | | Ocupación | | | | | | | | | Nivel de estudios | | | | | | | | | | | | | Convive | | |
|  | | | | | | | | |  | |  | | | | | | | | |  | | | | | | | | | | | | | SI | NO | |
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| ¿Alguno de tus hermanos estudia fuera de su localidad? | | | | | | | | | | | | | | | | SI | | | NO | | | ¿Dónde? | | | | | | | | | | | | | |
| **INGRESOS ADICIONALES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Apellidos y nombre(s) | | | | | | | | | Edad | | Relación | | | | | | | Ocupación | | | | | Lugar de  trabajo | | | | | | | Ingreso Mensual (bruto) | | | Convive | | |
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| ***SUMA TOTAL DE INGRESOS MENSUALES*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **$** | | | | | |
| **OTROS DATOS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Tipo de vivienda familiar (marcar con una X)** | | | | | | | | | | | | | | | **Especificaciones de la vivienda** | | | | | | | | | | | | | | | | | | | | |
| * Casa propia * Casa rentada * Departamento | | * Cuarto ó pensión * Casa de huéspedes * Préstamo o cesión | | | | | | | | | | | | | * Número total de cuartos \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Número total de focos \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Material de construcción \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Sistema de drenaje \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | |
| **Pago Mensual de servicios en *casa paterna* (anexar comprobantes (*anexar comprobantes originales)*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Renta $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2. Comida $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Agua $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ 4. Luz $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | 1. Gas $ \_\_\_\_\_\_\_\_\_\_\_\_ 2. Teléfono $ \_\_\_\_\_\_\_\_\_\_\_\_ 3. Cable $ \_\_\_\_\_\_\_\_\_\_\_\_ 4. Internet $ \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | Total pago mensual de servicios ***(anexar comprobantes).***  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| **Bienes familiares** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Bienes inmuebles   * Casa * Terreno * Tierras | | | | Vehículo (s)   * Marca \_\_\_\_\_\_\_\_\_\_\_ * Modelo\_\_\_\_\_\_\_\_\_\_ * Año\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | Gasto Mensual derivado de bienes inmuebles:  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | Gasto mensual derivado de vehículo (s)  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Tipo de institución escolar en la que estudian los hermanos del solicitante** (Marcar con una X) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Escuela   * Pública * Privada | | | | | | | | Se cuenta con algún tipo de beca:   * Beca Completa * Beca parcial * Beca-préstamo * No cuenta con beca | | | | | | | | | | | | | | | | | Gasto mensual  Esc. Pública $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Esc. Privada $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **Vivienda provisional del estudiante, en caso de ser foráneo (marcar con X)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Casa Propia * Casa rentada * Préstamo ó cesión | * Departamento * Cuarto ó pensión * Casa de huéspedes | | | | | | | | | | | | Servicios con que cuenta:   * Agua * Luz * Gas * Drenaje * Internet | | | | | | | | | | | | | Gasto total mensual por vivienda y servicios.  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | |
| **Medio de transporte utilizado para llegar a la institución (UPZ)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Transporte escolar * Transporte público * Vehículo particular | | | | | | | | * Taxi * Bicicleta * Caminando * Otro \_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | Gasto mensual en transporte  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **Si trabajas y estudias al mismo tiempo especifica:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tu lugar de trabajo:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | Tu Ingreso Promedio Mensual:  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | |
| **Marque una X si usted o alguien de su familia realizan alguna de estas actividades fuera del ámbito escolar.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Idiomas * Danza * Gimnasia | | | * Natación * Basquetbol | | | | | | | | | * Futbol * Otro \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | Especificar gasto mensual para este rubro  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **Cobertura de salud (marcar con X)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * IMSS * ISSSTE * Seguro Popular | | | | | | * Seguro de gastos médicos privado * Otro * No tiene | | | | | | | | | | | | | | | | | | | Especificar gasto mensual para este rubro  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| **Algún miembro del grupo familiar sufre de una enfermedad crónico-degenerativa.** (Marcar con una X) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * **SI** * **NO** | | | | | Diagnóstico \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | Especificar gasto mensual ***(anexar comprobantes).***  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |
| **¿Algún miembro del grupo familiar sufre alguna discapacidad?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * **SI** * **NO** | | | | | Diagnóstico \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | Especificar gasto mensual ***(anexar comprobantes).***  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | |

**Explique concretamente ¿por qué considera que es candidato para este apoyo?**

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| **VALIDACIÓN EXCLUSIVA DE SERVICIOS ESCOLARES**  **(Pasar al departamento de servicios escolares y solicitar la validación de la siguiente información)** |
| 1. *El alumno solicitante cuenta con otro tipo de beca o apoyo SI ( ) NO ( ) Cual \_\_\_\_\_\_\_\_\_\_\_\_\_\_* 2. *Ocupación del padre o tutor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* 3. *Ingreso Promedio mensual reportado: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*   ***Sello de Servicios escolares*** |

**YO, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, EN PLENO USO DE MIS FACULTADES, DOY FE DELOS DATOS PRESENTADOS EN ESTA SOLCITUD SON VERIDICOS, REALES Y COMPROBABLES POR CUALQUIER INSTANCIA EDUCATIVA O CIVIL.**

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**FIRMA DEL SOLICITANTE**